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The Emotionally Disturbed Children's Treatment Unit at Glenrose School Hospital: A Participant-Observer Study of Teachers in a Multidisciplinary Setting

by

Dolores O'Sullivan

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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Date. Sept. 23, 1983.....

Abstract

This study described and analyzed the work of teachers of emotionally disturbed children in a multidisciplinary setting.

The author adopted the role of teacher-as-researcher using the participant-observation techniques of ethnographic research. The participant-observer methodology used in this study, despite its limitations, greatly assisted in achieving the goals of the research.

The research data revealed that the work of teachers was affected by the multidisciplinary setting. The communication among the members of the various disciplines involved in the treatment of emotionally disturbed children was an important factor in the establishment of teacher role. Three major roles were indicated: the interactive role, the research role, and the educative therapy role of the teacher. Interactions of the teachers with other teachers associated with the unit for emotionally disturbed children indicated that the teachers in their role of teacher-as-researcher worked effectively as a team. The formal and informal interactions of teachers with professionals in other disciplines indicated that efficient team work was dependent on effective communication. The informal interactions of teachers with their students indicated that the work of teachers of emotionally disturbed children involved extensive educative therapy.

The recommendations made were that establishment and clarification of goals is essential in a multidisciplinary setting. Efficient use of the multidisciplinary approach in the treatment of emotionally disturbed children requires internal investigation of the roles of each discipline and the nature and extent of communication among disciplines.

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I. CHAPTER 1

INTRODUCTION

Literature related to the role of teacher of children diagnosed as having emotional disability, is limited to the role of teacher in active treatment hospitals and residential homes. Many such articles are of British origin. Social and emotional concerns highlight the role of the teacher in these settings. In this context the teacher is expected to set the tone of the classroom, motivate the student to want to learn, and teach the student to socialize (Davies, 1977). Providing a model for the students is vital. Rutter (1980) recommends that teachers of maladjusted children be aware of the importance of this particular role. He writes:

> ...there is extensive research literature which shows that children have a strong tendency to copy the behavior of people in positions of authority whom they like and respect. They even adopt what they perceive to be their values and attitudes (p. 217).

D. H. Lee(1975), headmaster of the W. J. Sanderson Orthopaedic Hospital School, Newcastle upon Tyne, claims the teacher must play the important role of encouraging the child to talk and express his worries, no matter how long the conversation may be because to a child a hospital may be a frightening place. In a hospital there is "an air of detachment, unfamiliar procedures take place, often without explanation and usually without warning. Blood samples or swabs are required, injections given" (p. 25). It is

important, therefore, that the teacher supplies, as well as an element of the familiar, the means through which the child can express himself. The teacher must listen and interpret, she must be both therapist and advocate for the child.

Eva Noble (1976) headteacher at Royal National Orthopaedic Hospital School, Stanmore, Middlesex, observes that "it has long been recognized that education is concerned with the whole man; henceforth it must be concerned with the whole family" (p. 13) and she concludes that maintenance of family ties must be encouraged in a hospital setting especially since the child is cut off from his familiar surroundings. She believes that in this type of setting hospital teachers have a unique opportunity to involve parents in their children's education. She states that:

> Teachers, who have known many children in hospital, can reassure parents from an objective professional standpoint; can quote from experience others who have met and worked through similar problems and at times in a hospital where the norm is complete acceptance of all children regardless of their emotional difficulties, parents can relax from their role as buffer between their child and a society which they feel often fails to understand his problems (p. 22).

Maurice Bridgeland (1971) notes that in schools for disturbed children there is some movement away from academic work towards arts and crafts with their therapeutic possibilities (p. 8). However, a survey conducted by Wilson, Evans, Dawson and Kiek(1977), indicates teachers value "a varied and stimulating educational programme, scholastic

progress and remedial teaching, all of which come second only to the caring and understanding environment and considerably higher than some ideas once very prevalent such as unconditional affection, regression and shared responsibility" (p.11).

Sula Wolff (1979) a psychiatrist, writing about people in differing roles and relationships towards the child, expresses the view that roles and functions of adults in relation to children greatly overlap. She notes that all parents are teachers sometimes and that:

> All teachers at times fulfil the roles of parents and even of social workers and doctors and, however hard we try, child psychiatrists cannot avoid being teachers. Yet the special characteristics of the teacher's role and of his particular relationship with children are of the greatest importance and require to be maintained" (p. 132).

John Dwyfor Davies(1977), headteacher at a school for emotionally disturbed children at Warleigh School also points out the importance of providing the appropriate learning environment and proper motivation for emotionally disturbed children. He humourously describes his first experience teaching in this type of a situation.

> Having spent some years teaching secondary school children, I was conceited and foolish enough to assume that I would have no difficulty in teaching a very small group of younger maladjusted boys. My illusions were to be abruptly shattered within a very short time... Having arrived at the classroom... I was surprised to find that I was the only person present (p. 27).

He states that his first task was to get the children to attend school, then get them to stay in the classroom, and finally persuade them to accept being taught. According to

Davies(1977), one of the most important roles of the teacher is to provide the students with success experiences. This can be done through remedial work that is 'highly therapeutic'. The students should be given opportunities for relieving tension and he suggests that this can best be done through art, drama and music. He writes, "one of the first therapeutic bonuses that we experienced with music was the confidence which some withdrawn children gained with a musical instrument in their hands" (p.10).

Brian Bennett(1976)in an article entitled "Remedial Education at Rompton" writes:

> Our greatest problem is that many of our students do not want to learn. Two personality factors seem to be the main causes of their lack of motivation. Firstly, students have a low level of stress tolerance one symptom of which is their fear of failure. They withdraw as far as possible from any learning situation where they would risk being unsuccessful. Secondly, they are hostile to authority. Teachers are perceived as authority figures and students are reluctant to trust them. Without trust between teacher and taught the learning process cannot begin (p. 25).

In summation, little attention is given to the role of the teacher as instructor or disciplinarian. Much stress is placed on the teacher's role as educative therapist providing success experiences, establishing trust relationships and creating a climate where it is possible for children to feel accepted and to learn. A number of the studies stressed the interactive role of the teacher with and for the child.

The Problem

This study describes and analyzes the work of teachers in the unit for emotionally disturbed children at the Glenrose School Hospital. The study focuses on first, the interactions of the teachers associated with the unit, and second, upon their interactions with members of other professional groups within the Glenrose School Hospital. This hospital specializes in the treatment of multiple handicapped children.

It was expected that teachers at the Glenrose would tend to engage in considerable therapeutic teaching because of the setting and the student population.

Organization of Chapters

The following chapters outline in detail the participant-observer study of the work of teachers in the unit for emotionally disturbed children at the Glenrose School Hospital. Chapter 1 introduced the literature related to the teaching of emotionally disturbed children in a hospital or residential setting. Chapter 11 described the setting and organizational structure of the Glenrose School Hospital, the Education Department within this hospital and the treatment division for emotionally disturbed children at the Glenrose School Hospital. Chapter 111 described the research methodology of teacher-as-researcher using the ethnographic instruments of participant-observation and interviews in the collection of data. Chapter 1V described

the interactions of the teachers associated with the EDCU, their interactions with other professionals and with their students. Chapter V presented the major observations and recommendations of this participant-observer study.

II. CHAPTER 2

> Teachers are affected by the 'characteristic pattern of organizational properties' of the schools in which they teach, both in how they conceive their role and how they perform it (Westwood, 1967, p. 25).

Since organzational factors have this potential in a regular setting, the author assumed that this effect will be intensified in a setting such as the Glenrose School Hospital. The purpose of this chapter, therefore, is to establish the organizational properties existent in the Glenrose Hospital complex that will influence the work of teachers in the Glenrose setting. The purpose of this section is to establish that both the hospital and the school are organizations, and as such, share organizational features such as goals. According to Etzioni (1964) organizations are social units which are deliberately constructed to seek specific goals" (Etzioni, 1964, p. 33). All organizations are social systems; however not all social systems are organizations. The fundamental difference lies in the fact that an organization is more consciously adapted for the attainment of a specific end or ends.

In order to establish the Glenrose School Hospital and the Education Department of the Glenrose as organizations, and thus, possessing clearly defined goals, a description of setting, function and organizational structure is included in this section.

III. Glenrose School Hospital - Historical Background

The Glenrose School Hospital, Edmonton, Alberta, Canada, opened in 1966, with the purpose of providing medical care, education services and rehabilitation for multiply-handicapped children residing in Alberta and the Northwest Territories. It is a combined school and hospital facility adjacent to, and part of the Glenrose Provincial General Hospital, a convalescent-rehabilitation hospital established in 1963 by Order-in-Council 195/63 for patients from active general hospitals recovering from surgery, injury or acute medical condition and requiring a one or two month recovery period.

The concept of the Glenrose School Hospital resulted from an amendment to the Treatment Services Act in 1963 which deleted Section 7 dealing with the Cerebral Palsy Clinic. This, in effect, meant that provision had to be made to provide treatment for the children attending the clinic. The amendment also changed Section 5, thus empowering the Lieutenant-Governor in Council to establish treatment centres for multiply-handicapped people (O.C. 655/64). The School Hospital evolved gradually. Its goal is to re-integrate children into both the community and the regular school system. As early as 1963, the Board of Management of the Glenrose Provincial General Hospital (hereinafter referred to as the Glenrose Hospital), in consultation with the Minister of Health, considered the possibility of establishing a Multiply-Handicapped

Children's Hospital to be operated in conjunction with the major rehabilitation hospital (Hospital Minutes, Apr., 1968). On July 25, 1963, the Advisory Committee established by the Board of Management in consultation with the Minister of Health, recommended to Dr. J. Donovan Ross the construction of a new 100-bed treatment facility for handicapped children.

Therefore in 1963, responsibility for the "program contemplated under the Treatment Services Act Section 5 was passed to the Board of Management of the Glenrose Hospital" (McPhail, 1972). With the approval for the establishment of the Multiply-Handicapped Children's Unit granted by Order-in-Council 655/64, the concept of the Glenrose Hospital was expanded to include services to children whose "handicaps are amenable to medical treatment and who are educable" (Medical Staff By-Law 195/63) and who can benefit from both special education and rehabilitation.

Glenrose Hospital Treatment Divisions

To facilitate better management of the Glenrose Hospital, the Board of Management, on the advice of the Medical Advisory Committee, made a motion that the Convalescent Rehabilitation Unit (CRU) and the Multiply-Handicapped Children's Unit (MHCU) be maintained as two distinct treatment units, each with a Clinical Director in charge (Hospital Minutes, Apr., 1964; Medical By-law Regulation No. 2000). This arrangement must have proven

satisfactory because by 1965 the Board of Management divided the (MHCU) into "two treatment service divisions: the Physically Handicapped Children's Unit (PHCU) and the Emotionally Disturbed Children's Unit (EDCU)"(Hospital Minutes, Oct., 1968). The MHCU underwent other changes. The lengthy name bestowed upon the new facility, and the perceived labeling effects associated with the name "Multiple Handicapped" prompted the Executive Director, Dr. J. Bradley and the Clinical Director of the MHCU to recommend that "Multiple Handicapped Children's Unit" be reserved for administrative and statutory purposes and a name such as Glenrose School Hospital be used otherwise (Hospital Minutes, Dec., 1965). Thus, in 1965 "Glenrose School Hospital" became the official name of the MHCU (Hospital Minutes Apr., 1968).

Glenrose Hospital: Organizational Structure

Board of Management. The Glenrose Hospital Board of Management, originally composed of seven members (now increased to twelve) appointed by Order-in-Council 195/63 is empowered to enact general by-laws which govern the organization, management and operation of the hospital. General by-laws enacted by the Board of Management include all rules and regulations required in the operation of an approved, active general hospital under the Alberta Hospitals and Provincial General Hospitals' Act.

The Board of Management appoints, establishes salary schedules, and terminates an appointment of senior administrative staff, such as Executive Director, Assistant Executive Director, Assistant Executive Director of Support Services, Assistant Executive Director of Patient Care Services, and Assistant Executive Director of Finance(Hospital Policy Manual, 1977, Article 111).

With the advice and approval of the Minister of Health, the Board of Management appoints a Medical Advisory Committee. This committee advises the Minister of Health regarding the Multiple Handicapped Children's Hospital School Program at the Glenrose in keeping with provisions of the Treatment Services Act (Order-in-Council 195/63, p.4).

Senior Administrative Staff

The Executive Director is directly in charge of the entire hospital complex which includes the Glenrose Hospital and the Glenrose School Hospital. He is responsible for carrying out all policies established by the Board of Management. The Executive Director may delegate responsibility for the detailed operation of major divisions of the hospital but he is ultimately responsible to the Board of Management for the total operation of the hospital. He is assisted by the Clinical Directors of CRU and MHCU.

The Clinical Directors for the Convalescent Rehabilitation Unit (CRU) and for the Multiple Handicapped Children's Unit (MHCU) are accountable to the Board of Management through the Executive Director, "for the

supervision and treatment services rendered in the units, and for the maintenance of a high standard of treatment" (Medical Staff By-law, Reg. No. 3503). The Clinical Director of MHCU is Chairperson of the Admitting Assessment Team for PHCU and supervises the assessment of applicants. The senior psychiatrist in EDCU is the Assistant to the Clinical Director of the Glenrose School Hospital (Hospital Minutes Oct., 1969). He chairs the Admission and Discharge conferences in EDCU. He also reserves the right to veto a multidisciplinary team decision in respect to the admission of a child (Glenrose Hospital Minutes, Oct., 1969).

Funding Patient Services

Hospital patients who are residents of Alberta and are registered with the Alberta Health Care Insurance Commission are not charged for medical care, hospitalization or use of the facilities(Hospital Minutes, Apr., 1967). If special treatment, however, is required that cannot be provided in the Glenrose Hospital, the cost of such treatment is the responsibility of the parents or guardians. Parents are responsible for the costs of spectacles, shoes, personal clothing and effects, allowances, walkers and wheelchairs(Glenrose Brochure).

Funding for Transportation

The Edmonton Handibus may provide transportation to and from the school for day patients. This cost may be borne in part by the Edmonton Public School Board or the municipality

involved (Policy 309, 1977).

Glenrose School Hospital: Setting and Function

The Glenrose School Hospital (hereinafter referred to as School Hospital) is located within walking distance of a fire hall, airport, shopping mall and city centre. Its grounds are spacious. It contains within it two divisions referred to as PHCU and EDCU. These units are presently referred to as PRU (Pediatric Rehabilitation Unit and CFPU (Child and Family Psychiatry Unit).

The ground level of the school hospital contains a large gymnasium and swimming pool which are used for recreational as well as therapeutic activities. An auditorium with a seating capacity of 165 is available for the use of both staff and patients. There are thirty classrooms, eight of which are on the third floor for the use of students admitted to the EDCU treatment division. The Library and Music rooms are located on the second level, and an Industrial Arts room is located in the lower ground level. Students from both major treatment units share these facilities.

The School Crest, designed by the Class of 1967, bears the inscription "Sanare et Docere", a motto which "with profound simplicity...states the whole purpose of our School Hospital"(Briggs, 1976, p.2). The School Hospital offers health care, education, and rehabilitation services for physically handicapped children and emotionally disturbed

children who are residents of the province and the Northwest Territories. These children must be "not over 17 years of age at the commencement of the academic year" and have an intelligence quotient rating of 75 or more" (Medical Staff By-law No. 3503, 1970). The children may belong to any of the following classifications: cerebral palsy, poliomyelitis, juvenile amputees (congenital or acquired), juvenile paraplegia from trauma, orthopaedic handicapped requiring long term inpatient treatment, including scoliosis, cleft palate deformities following surgical treatment and still requiring orthodontia, prosthodontia and speech therapy, other congenital or acquired defects and diseases such as muscular dystrophies, rheumatic fever, arthritis and asthma and emotional disturbances of childhood.

School Hospital: Multidisciplinary Approach

The School Hospital provides a multidiscipline approach to the education, treatment and rehabilitation of severely handicapped children (Education Department Handbook, p.1). This means that many disciplines share their expertise. Various terms have been introduced in the literature to refer to this concept such as multidisciplinary, interdisciplinary, interprofessionalism and professional synthesizing (Allen, 1978; Janzen, 1979).

In the Glenrose literature two terms are frequently used, interdisciplinary and multidisciplinary. Vanja A. Holm

(1978) in Early Intervention - A Team Approach distinguishes between these two terms when she suggests that team members work side by side in a multidisciplinary team, whereas, members of an interdisciplinary team are encouraged to substitute for each other(p. 102-103). Since the word "multidisciplinary" occurs more frequently than does "interdisciplinary", the author has chosen to use the former in this thesis; also, in the author's opinion, each discipline at the Glenrose more rightly operates within its own area of expertise.

The multidisciplinary concept that many disciplines share their knowledge and skill in the interests of the child and his family is predicated on a "mutual respect and sharing" (Education Handbook, p.10) among the members of the different professional groups. This concept suggests that organizational structures must be such as to make this approach viable. Perhaps this was one of the motivating factors that moved the Executive Director, Dr. J. E. Bradley, to recommend to the Board of Management of the Glenrose Hospital, that the Multiply Handicapped Children's Unit be maintained as two separate treatment divisions, the PHCU and the EDCU, under the leadership of the Clinical Director of the School Hospital. Smaller treatment units, in addition to facilitating management, would make interaction across the disciplines more likely. It would be expected that "free and easy communication among the professionals" (Education Handbook, 1974, p. 6) would promote mutual

respect for each other's expertise and a greater understanding of each other's role.

Awareness of others' roles, however, must emanate from each professional having a clear understanding of his own role as psychologist, social worker, therapist or educator. An organizational structure at the Glenrose enabling role identification is that of departments. Some of the departments at the hospital are: Education, Medicine (including Psychiatry), Nursing, Psychology, Rehabilitation Medicine, Social Service and Speech-Audiology. Each department has a Director and professional staff as well as its own allotted space and equipment with which to fulfil its function.

In addition to treatment divisions and departments, small treatment teams were introduced. The present Executive Director, Dr. W. G. McPhail expressed the opinion that "communication and trust" would be greatly facilitated by reducing the number of professionals the family needs to contact (Glenrose Newsbreak, Apr., 1976). The converse is also true. The fewer persons with whom the professional must interact in respect to any one patient, the greater the likelihood of rapport with the child and the family.

Thus, if the multidisciplinary concept is to achieve fruition, it must be within a context which will promote an atmosphere of "mutual respect" (Education Handbook, 1974, p. 13), "close cooperation", "a willingness to share", and a "willingness to settle differences quickly" (Strategies,

1977, p. 77). The structures provided at the Glenrose Hospital facilitate the attainment of such an environment.

More is needed, however, than manageable treatment units, departments and small treatment teams to create an atmosphere conducive to effective team work. Clearly defined roles and a well understood chain of command are essential.

The authority structure in place at the Glenrose is as follows: The Board of Management, appointed by the Minister of Health, is the governing body of the hospital. The Executive Director is in charge of the entire Hospital complex and is accountable to the Board. The Clinical Directors are accountable through the Executive Director to the Board of Management. Department Directors are accountable to the Executive Director and department personnel are responsible to the Director through their immediate supervisors. Furthermore, each department must recognize and accept the contribution of other departments represented on the team.

School Hospital: Organizational Structure

The chain of command is carried out through the utilization of varied structures such as committees and team meetings. Both modes involve all levels of authority. The following is a summary of the different committees and multidisciplinary meetings illustrating the involvement of staff directly associated with the overall affairs of the entire hospital complex:

The Special Services and Research Committee, chaired by a member of the Board of Management or a person designated by the Board, convenes when needed to deal with research, investigations and other special activities. At least one representative from each of the professional groups within the Glenrose Hospital complex attends. Both the principal and the assistant principal, who are recognized as Director and Assistant Director of the Education Department attend in this capacity (Education Handbook, 1974, p. 6).

The Executive Director's Advisory Committee, chaired by the Executive Director is convened monthly. This committee, composed of Directors of Departments, serves as a liaison between the Hospital Board of Management and the executive officers. The agenda includes matters of general policy, identification of problems and reports of special activities (p.50).

The Clinical Director's Inter-departmental Meeting, chaired by the Clinical Director of the MHCU or his designate, involves directors of hospital departments. This meeting is convened at the discretion of the Clinical Director. The agenda includes matters of policy, emergent problems of a general nature, proposal for new programs, or matters of evaluation or collection of data connected with the function of the School Hospital (pp.50, 51).

The Professional Services Committee, chaired by the Clinical Director of MHCU or his designate, convenes as needed. The agenda includes such items as professional policies and on-going projects, plans for future projects and other matters of professional interest. This committee serves as an information bureau to keep each department updated about current hospital functions(p. 50).

The generalized idea behind a multidisciplinary approach is that the total impact of a team of professionals on the child and his family is greater than the sum of the individual unorchestrated efforts (Allen, 1978). This is true if the teams work cooperatively and it presupposes the free exchange of information among departments. Briggs(1977) is of the opinion that multidisciplinary teamwork is best achieved by keeping the child as central concern (Strategies, 1977, p. 78). Just as the Glenrose Hospital has a "matrix structure that results from the existence of both hierarchial (vertical) coordination through departmentalization and the formal chain of command, and simultaneous lateral (horizontal) coordination across departments" (Johnston & Fingey, 1976, p. 41), it is also "perceived as a collection of teams, coordinated to accomplish a common goal.... Each team is composed of a leader and team members who represent appropriate health, social, and educational disciplines" (p.41).

PART 11

IV. School Hospital: Education Department

The Education Department of the Glenrose School Hospital with 44 teachers, two administrators and three secretaries, forms the largest department of the hospital. It is an accredited school of the Province of Alberta and, based on number of instructional staff, about tenth largest in the Edmonton Public School System. Its purpose is to help prepare children to return to schools in their home communities. The Education Department offers instruction at every level from kindergarten through to the final year of senior high school (Glenrose Brochure). It follows the Alberta Education Curriculum which includes art, music, physical education, library, industrial arts, home economics, as well as the core subjects.

Four months prior to the opening of the Glenrose School Hospital, the Executive Director, Dr. J. E. Bradley informed the Board of Management that the Edmonton Public School Board had conveyed "to the Administration that Mr. J. Briggs has been appointed Principal of the new School Hospital, and Mr. H. Unrau as Acting Assisting Principal" (Hospital Minutes, Apr., 1966). Negotiations with the School Board, however, began in 1963. At that time, Dr. R. M. Hall, Executive Director of Glenrose Hospital, informed the Edmonton Public School Board of the planned "expansion and continuation of the Multiple Handicapped Children Education Program" (EPSB Minutes, 1963, p.72) and requested teachers for this proposed 100-bed addition.

Education Department: Organizational Structure

While the Glenrose Hospital is responsible for the "building and major equipment" (Hospital Minutes, Feb.10, 1968), the Edmonton Public School Board provides "all expendable supplies used in the operation of the school"(ibid). Since the education staff are employees of the EPSB, all the resources of this system are available to the students enrolled in the Glenrose programs.

Consistent with other hospital departments, Education has both a Director and an Assistant Director. In the Education Handbook(1974) the principal of Glenrose School Hospital wrote:

> Under the Public School system the school administrator of the Glenrose School Hospital is designated as Principal....Within the Hospital Organization the Principal is accorded the status of Director of the Education Department with the privileges and responsibilities accorded to Directors of the other Hospital Departments" (p. 6).

In like manner, the Assistant Principal is considered as the Assistant Director of the Education Department. Similarities exist between the roles of the school and the hospital administrators. Just as the Executive Director of the Hospital is ultimately responsible for the entire hospital complex, so too, is the Principal ultimately responsible for the school. As a director of a department he is obligated to attend meetings other Hospital Directors must attend, such as:

The Executive Director's Advisory Committee

Professional Services Committee

Special Services and Research Committee
Clinical Director's Inter-Departmental Meetings.
In addition, he acts as chair person for the monthly meeting of the teaching staff. This meeting is held on the second Wednesday at 1545 hours. With the assistance of a staff committee, the principal prepares the agenda so routine matters of concern to the entire staff can be discussed and special events planned.

The Assistant Principal, likewise, has responsibilities arising out of his dual role - that of Assistant Director of a department, and that of Assistant Principal of the school. As Assistant Director of the Education Department, he represents his department at assessment, admission and discharge conferences. As Assistant Principal he chairs weekly divisional and sectional meetings with the teachers on staff.

Multidisciplinary Process

Individualized Education Prescription

A procedure instituted by the Education Department (Education Handbook, 1974, p.9) facilitating delivery of services to the child admitted to EDCU is that of writing an educational prescription for each child. The Education Department administrators consider this to be of utmost importance and recommend that the Assistant Principal be relieved of teaching duties so that he can assist the teachers in preparing these programs.

The individual education programs modelled on those designed by Peter(1965) meet the requirements set forth by Public Law 94-142 that mandated individualized education programs for all handicapped children. This law defines an IEP as:

> A written statement for each handicapped child developed in any meeting by a representative of the local education agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, such child, which statement shall include:
>
> 1. a statement of the present levels of educational performance of such child
> 2. a statement of annual goals, including short-term instructional objectives
> 3. a statement of the specific educational services to be provided such child, and the extent to which such child will be able to participate in regular educational programs
> 4. the projected date for initiation and anticipated duration of services, and appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

This individualized education program is a "tool that parents, teachers, and other professionals...can refer to when questions arise concerning resources or educational goals" (Clay & Stewart, 1980, p. 161). Ballard and Zettel(1977)distinguish between an individualized education program and a teacher's instructional plan when they state that:

> The IEP is a management tool that is designed to assure that, when a child requires special

> education, the special education designed for that child is appropriate to his or her special learning needs and that the special education designed is actually delivered and monitored (whereas) an instructional plan reflects good educational practice by outlining the specifics necessary to effectively intervene in instruction. (p. 182)

Placement Process at Discharge

Although the decision to discharge a child from the Glenrose program is through general discussion at a discharge conference, the Education Department is usually responsible for assessing when a child is ready to function in a regular school setting. Discharges frequently coincide with the termination of the school year and this facilitates satisfactory placement of the child in a receiving school. The successful coordination of school related discharge procedures is primarily the responsiblity of the Assistant Principal. In his role of EDCU program coordinator, he reviews with the classroom teacher the academic strengths, weaknesses, and suitable placement for each child about to be discharged from the Glenrose program. Subsequent to this conference, he arranges a formal conference with representatives of the school system to which the child belongs.

Education Department: Teacher Role

According to the Education Handbook (1974), the Educational Department provides schooling to every child under "circumstances allowing for a great deal of individual

attention and the development of a highly individualized program plan"(p. 1). Its aim is to prepare each child to return eventually to his own community and school (p. 2).

The mandate given to the teacher, as a member of the Education Department is extracted from the Education Handbook(1974). According to this source the teacher attends staff and divisional meetings; confers with the program coordinator regarding report cards, individualized education prescriptions, parent teacher interviews and placement of students upon discharge from the Glenrose School program. A collection of essays, written by Glenrose teaching staff, referred to as "Strategies for Teaching Handicapped Children" (1975, 1977) testifies that the teachers also share their expertise with others.

Discussion and Conclusion

The function of the Glenrose School Hospital is to provide medical care, education services and rehabilitation for handicapped children. Its overall goal is to heal. To achieve this goal professionals from a number of disciplines shared their expertise. The function of the Glenrose Education Department is to provide an education prescription for each student admitted to the Glenrose School Hospital for treatment. To achieve this goal the school is considered as a department, whose administrative staff are accorded the privileges of department directors. The Glenrose School Hospital and the Education Department within the Glenrose are consciously adapted for the attainment of a specific

goals. Organizational structures and the multidisciplinary approach are directed to the achievement of the major goal to rehabilitate the child.

V. Emotionally Disturbed Children's Unit

The purpose of this section is to describe the setting, function and organizational structures of the unit for emotionally disturbed children with a view to establishing whether the unit for emotionally disturbed children at the Glenrose School Hospital has the basic characteristics of a total or a mediatory institution. This distinction is important because of the philosophy associated with each type of institution. The type of institution will affect the approach utilized by the institution whereby organizational goals are achieved.

A mediatory institution performs the role of mediator between the resident and the community, it provides a basis for psychological support and help in the resident's interactions with his world external to the institution. As a result of this philosophy a number of treatment centers give 5-day-a-week service and send most children home on weekends(Mayers et al, 1977).

A total institution, however, is one in which all life-supporting functions are carried out under supervision and in the same place. Inmates are regimented, denied privacy and have little or no choice or power over what happens to them (Mayers et al., 1977). According to Goffman(1961) a basic characteristic of a total institution is the breakdown of barriers which normally separate three spheres of life - sleep, play and work. These activities usually occur in different places, with different people,

under a different authority, and without an over-all rational plan. In a total institution all aspects of life are conducted in the same place and under the same single authority. Each phase of the member's daily activity is carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. All phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, and with the whole circle of activities being imposed from above through: a system of explicit formal rulings, formulated by a body of officials. In addition, the contents of the various enforced activities are brought together as parts of a single over-all rational plan purportedly designed to fulfill the official aims of the institution (Goffman, p. 36).

Since the type of institution determines, to a great extent, the work of the professionals in the institution, a description of the setting, function, approach and organizational structure is vital to determining whether the unit for emotionally disturbed children is operated as a mediatory or total institution.

EDCU: Setting and Function

The purpose of the unit for emotionally disturbed children is to provide a multidisciplinary treatment program for children with behavioral abnormalities, including learning disabilites, who are unlikely to benefit from other

available treatment services. A secondary aim is to provide facilities for the training of professional staff with a special interest in the children admitted to the unit, and to promote research into the causes of behavior disorders and learning disabilities, as well as to evaluate current treatment procedures (Operations Manual, 1973, p.1).

The EDCU facilities are located on the third floor of the School Hospital. In addition to the three treatment units, Day Patients, Nursing Station 301 and Nursing Station 302, this floor contains the Education Department Staff Room and offices used by the departments of Medicine and Psychology. The eight classrooms assigned to the EDCU are located between the teachers' staff room and the inpatient treatment units.

The two inpatient units (Stations 301 and 302) are designed so that the only facility used in common is a small kitchen. Each unit contains sleeping quarters, dining areas, recreation rooms, a quiet room, Nurses' Office and a staff lounge room. The wards are suitably decorated depending on the age level of the groups. To make the "setting as much like home as possible"(Handbook Station 301, 1983) the children are requested to bring a comforter or bedspread, and to facilitate bedmaking - a fitted sheet. They are also permitted to bring a special toy or other item to serve as a link with home. Although EDCU is somewhat isolated because of its location on the top floor of the hospital, elevators and staircases provide access to other areas of the

hospital.

EDCU became partially operational with the opening on September 15, 1966 of Nursing Station 301. Station 302 opened the following September and the Day Patient Program came into existence in 1969 as an extension of Stations 301 and 302. (Glenrose Newsbreak, Nov., 1979; Hospital Minutes Nov., 1966; Oct., 1969).

Initially this unit for emotionally disturbed children bore many of the more austere hallmarks of a total institution. Doors and elevators leading from the unit were kept locked. Patients could be physically restrained if the need arose. (Hospital Minutes, Aug., 1966). These measures were probably justified by the reports submitted to the Board of Management in respect to incidences of property damage, excessive breakage of windows, and even the elopement of a patient from the adolescent unit (Hospital Minutes, Feb., 1967; Apr., 1967; May, 1969). The decision to discontinue maintaining EDCU as a locked unit came three years after its opening, when the incidences of lost keys to the unit rendered the ruling obsolete (Hospital Minutes, Dec., 1969). The unit for emotionally disturbed children was originally planned for a 40-bed inpatient treatment centre, with 24 beds for children aged 6 to 12 and 16 beds for adolescents aged 13 to 17 (Hospital Minutes, Sept. 1967). Unforeseen factors such as a low occupancy rate and a significantly high cost per patient day (Hospital Minutes, Nov., 1967; Apr., 1967), brought about major changes to the

original plans.

During the first year of operation only twelve to fourteen children were in residence at any one time and the School Hospital Census for the year 1967-1968 showed that 33 patients were admitted to the unit (Hospital Minutes, Sept., 1968). Despite the unexpected low occupancy rate the Departmental Medical Staff of EDCU expressed to the Board of Management their concern that the unit designed for 40 patients would more properly accommodate 28 and that inadequate activity space was available on the unit (Hospital Minutes, Nov., 1967). Presently (1983) the treatment service division originally planned for forty inpatients provides treatment service to forty children, because some are day patients who:

> sleep away from the hospital in their own homes, in foster homes or in boarding homes and attend the unit during the day for special education and other facilities available in this treatment service division. (Operations Manual, 1973, p.1).

A multidisciplinary team approach as applied to the treatment of the Emotionally Disturbed Children at Glenrose is emphasized in the treatment program. The major goal of the three units operating within this hospital division (Nursing Stations 301, 302 and Day Patients) is "the return of the child to his own home, community and school as soon as possible" (Education Handbook, 1974, p. 2). For the team to achieve its goal, the child must be the focus and team members at "all levels of specialization must see each other as equal partners in a combined task" (Ibid., p. 11). With

so many professionals and departments involved in the delivery of services to these children, coordination and communication must be highly prioritized.

The EDCU utilizes small treatment units, teams and conferences to facilitate its service program. There are both formal and informal treatment teams. A formal treatment team attends and participates in assessment, admission and discharge conferences. Its membership varies according to the requirements of the child. The composition of a typical team is as follows: psychiatrist, psychologist, registered nurses, registered psychiatric nurses, child care workers, occupational therapist, social worker and teachers. An informal team may be composed of a child care worker and teacher(s) and meet frequently on a casual basis.

Regular conferences are a feature of the service program. They serve as vehicles of communication and each team member is expected "to participate actively in the diagnostic and treatment program and to collaborate with other services" (Operations Manual, 1973, p. 8). Hopefully such conferences "inhibit the fractioning of the various treatments into isolated independent units" (Education Handbook, 1974, p. 10). Although the time and day of the various conferences have changed since their institution in 1966, the format has remained constant. Since the terminology employed by the different professions sometimes differs, the following information about the name given to specific conferences by the teachers in the EDCU, is

included for purposes of clarification. The Admission Conference may be referred to as the Assessment/Admission Conference; Ward Rounds as Progress or Discharge Conference and Management Conference as "the 2 p.m. meeting at the Ward". The following is a brief summary of the conferences not fully described elsewhere.

Ward Conferences chaired by the Assistant Clinical Director of the School Hospital are held each Wednesday at 0830 hours. All personnel directly concerned with the children selected to be reviewed are expected to attend. The assistant principal, in his capacity as education coordinator for the unit, attends as do the teachers involved. The teachers file an Educational Progress Report in triplicate and one copy is left with the psychiatrist who chairs the conference. After the conference, the psychiatrist whose case has been discussed, dictates his summary for inclusion in the master file and nursing chart. A suitably edited summary is sent to the referral source. A verbal summary is given to the parents by the therapist or psychiatrist responsible for the child.

Management Conferences are held weekly in Station 301 and 302, for all members of the treatment team. The Head Nurse on each unit chairs the meeting. The staff psychiatrist and the teachers of the children whose problem/asset list, treatment plan and medication are being reviewed, are

expected to attend. In addition to discussion of the child's behavior, the attitude and responses of the staff to the behavior are examined to discern the most therapeutic approach to problem situations(Operations Manual, 1973, pp. 7 - 8).

Day Patient Conference. This staff meets daily to discuss changes in individual treatment plans and observations of patients' behavior. They also organize and carry out weekly inservice covering such topics as: mock family interviews, reviews of current literature, supervision of group and family therapy and behavior modification techniques.

EDCU: Multidisciplinary Approach

In addition to the multidisciplinary conferences such concepts as milieu therapy, therapeutic milieu and key staff are distinctive features of the EDCU program.

Milieu Therapy and Therapeutic Milieu

The philosophy held by the members of a treatment team greatly affects the ability of the team to work cooperatively. This has ramifications for the child who may be caught in the middle of opposing philosophies. Understanding of the meanings of terms employed at the Glenrose in respect to the type of program and philosophy adopted is important.

According to the Glenrose Newsbreak (Apr., 1979), the conceptual model of the EDCU Treatment Division is that of a

therapeutic community and the philosophy adopted is that of milieu therapy. Unfortunately, the literature frequently uses these terms synonymously. The author, therefore, on the basis of descriptions contained in the International Encyclopedia of Psychiatry, Psychology, Psychoanalysis, and Neurology (1977) and with the distinctions made by Mayer, Richman and Balcerzak(1977), interprets milieu therapy as a technique of treatment whereby different services and inputs are coordinated and integrated "into one therapeutic thrust" (ibid., p. 240) to provide support for hospitalized patients.

On the other hand, a therapeutic milieu refers to a setting in which treatment occurs. It is a community dedicated to the welfare of all its members who share in the planning and implementation of programs designed to improve self. A therapeutic community deemphasizes hierarchy, delegates authority and shares responsibility. Members of the therapeutic community are assigned roles which enhance their feelings of participation in the work of the institution.

The primary advantage of milieu therapy in a therapeutic community stems from the fact that here therapy is an ongoing social process throughout the day, rather than an isolated verbal exchange between patient and psychiatrist (Newcomer, 1980).

Milieu therapy emphasizes group interaction and this is an important feature of the EDCU program. "As man is

basically gregarious" (Nixon 1979), extensive group work is emphasized in the day patient program. The focus of these group encounters is peer interaction and communication development(Glenrose Newsbreak, May 1979). The groups vary from highly structured to non-structured. Each child admitted to the program is observed and placed in appropriate groups. In placement, consideration is given to the child's treatment needs, age and maturity. Objectives for these groups are:

1. To help the child gain an awareness of his feelings, thoughts, impulses and behaviours,
2. To help them try their new skills in a relatively safe environment,
3. To help them gain insight into their social and personal environment,
4. To help each child increase his self esteem,
5. To help them understand and improve their communication,
6. To help them gain confidence,
7. To help the child diminish the use of the patient role. (Vol 15, No.1),

In the occupational therapy program, the children are introduced to a twice weekly peer group session which enables the therapist to monitor and develop the individual's social skills as well as group task behaviors. Another group called the "Movement Group" is devoted to the improvement of motor skills. In the school context, children are placed in a variety of group situations. Whatever the group, the goals are much the same: the development of the child's social skills in the belief this will have

beneficial effects on his self confidence.

Besides the groups created in the Occupational Therapy classes and classroom situations, a number of activities are organized by the Ward staff to encourage peer interactions. These activities include swimming, physical education, crafts, games, outdoor activities such as skiing for the older children and outings with the staff.

EDCU: Summer Programs

As early as the summer of 1967 summer programs became an important adjunct to the therapeutic program offered at the Glenrose School Hospital, (Redl, 1966). In EDCU a half-day program was offered by the Education Department of the School Hospital and in 1968 the two Nursing Stations, 301 and 302, initiated a ten day summer day camp. Each evening the children returned to the hospital to spend the night. The camping program received such favorable support from the treatment team that the Staff Psychiatrist in EDCU recommended to the Executive Director "that a summer programme be instituted this year involving all members of the treatment team and providing treatment throughout the school holiday period"(Feb.4, 1969). Briggs(1972), the school principal, wrote "looking over the camp reports of the last three years I think it is quite apparent that the camps provide a very valuable experience for your youngsters and seem to be a most important part of the total treatment offered"(Memorandum). McPhail(1979) expressed similar views emphasizing that camping activities are "a valuable assist

in the management of physical and/or emotional disability"(Camp Report).

The camping format has changed since the summer of 1968 but the purpose of the camp is still to serve as an extension of the therapeutic program. Many of the children consider it the "best" part of their program and the staff utilize it as a further opportunity to evaluate the child and to "smooth rough edges".

In addition to the group programs, emphasis is placed on the development of a special relationship between the key therapist and the child. The improvement of attitudes and behaviors of other significant persons in the child's life, for example parents/guardians, is also a function of milieu therapy.

The Role of Key Staff

Each child admitted to the EDCU program is assigned special staff who assume the role of first line coordinator of the treatment program. Usually each child has at least two special staff - one for days and one for evenings (Handbook Stn.301, 1983). Each of these persons is usually responsible for three to four children. These staff see themselves as delegates of the parents. They strive to establish a special relationship with the child and his family. They are the persons to whom the child goes for permission to visit another unit, to spend his allowance, to receive and make telephone calls to his parents/guardians,

and to discuss his weekends at home. The key staff make the child aware of "Ward expectations". These are basically commonsense practices that make living and working together a pleasant experience. Compliance with these rules brings rewards such as praise, additional privileges and responsibilities. Non-compliance, results in the child being disciplined. Some of the disciplinary techniques employed by the key staff are as follows: removing the child from the situation; loss of privileges; early bedtime; writing lines or runnng laps. The adolescents on Station 302 and Day Patients are placed on a four-tier level system with built-in rewards and punishments. Persistent resistance to known rules and regulations usually results in a demotion from a higher level to a lower one. (Appendix A).

The role of the child's Key Staff is described in the EDCU Operations Manual (1973). This manual states "staff role expectations in this therapeutic setting are unique and all disciplines function as primary therapists" (p. 3). The selection and supervision of key staff is the responsibility of the child's psychiatrist and the person eligible for this position may be the psychiatrist, the social worker, a psychologist or any member of the treatment team (p. 4).

It is the duty of the key staff to prepare a therapeutic prescription for each of the children for whom he is responsible. This prescription is to provide "clear and unambiguous guidelines"(ibid, p.4) for the other staff on the Ward. This plan is discussed with the

parents/guardian and the child. This meeting is the first of a quarterly series of conferences during which the "causes of the disorder, the treatment goals and ways of achieving them are outlined"(p. 7). The key staff are responsible for weekly progress notes written in the child's chart and for placing a "careful but succinct record of all interviews with the child and his family"(p. 4) in the Master File. (This is a file which contains a composite set of reports about a patient. These reports are generated by hospital departments.) About every three months the key staff prepare a brief but detailed account summarizing the progress of the therapy program. This report is presented at Ward Rounds and kept in the Master File as a permanent record. In addition, any significant meetings of the key staff to deal with problems arising in the management of a particular child are also recorded by the special staff in the child's file. If problems arise the key persons cannot deal with, then discussion with other members of the team is recommended.

EDUC: Organizational Structure

Many of the organizational structures of the EDCU parallel those of the Glenrose Hospital complex. The EDCU with its three service divisions is under the leadership of the Assistant Clinical Director of the Glenrose School Hospital. As director he is responsible for the organization and functioning of the entire unit. He is accountable to the Clinical Director of the School Hospital for efficient

management of this unit and to the Executive Director for purposes of delegation of responsibility from the Board of Management to the attending Medical Staff (Operations Manual, 1973, p. 2).

To facilitate management of the EDCU, each service division is under the leadership of the psychiatrist assigned to the unit. The staff, more commonly referred to as "Ward" staff, is responsible to the Head Nurse in his unit and also to the Director of the department to which he belongs. The Head Nurse is responsible to the Director of Nursing through the Nursing Coordinator assigned to EDCU.

Services are provided for the children admitted to EDCU on an inpatient and day patient basis by professions organized as departments. The departments selected for description in this thesis are those which provide service to the EDCU treatment program on a regular basis. The professionals assigned to the program are members of the multidisciplinary treatment team and as such are expected to attend assessment, admission and discharge conferences, as well as the weekly treatment team management meetings.

School Hospital Departments

Specific Glenrose Hospital Departments are directly involved with the provision of services to facilitate the EDCU Treatment program. These are:

The Department of Education provides educational programs for children aged 5 to 18. This department will be discussed

in detail in the following section.

The Department of Medicine provides a staff of psychiatrists who have full clinical responsibility for the children in their treatment program. As leaders of treatment teams, psychiatrists assist in the organization and direction of the unit. As members of the active medical staff of the Glenrose Hospital, they are subject to the Medical Staff By-laws.

The Department of Nursing provides a staff of registered nurses, psychiatric nurses and child care workers who cooperate with the multidisciplinary team by providing optimum patient care to promote the social, emotional, and physical rehabilitation of the child.

The Department of Psychology works in conjunction with other members of the School Hospital Rehabilitation Team in the assessment and treatment of the children admitted to the EDCU program (Education Department Newsletter, Issue 3, Dec., 10, 1981).

The Department of Recreation coordinates programs for the children. It functions in conjunction with the volunteer services.

The Department of Rehabilitation Medicine provides occupational therapists who are responsible for the assessment and training of the children on their treatment unit. They primarily focus on problems such as perceptual motor dysfunction, manual dexterity, work organization, and poor self concept.

The Department of Social Service provides a social worker who is responsible for obtaining an accurate and complete social history of each child and his family. The social worker usually acts as therapist for a number of children in the EDCU program. During the final stages of a child's stay in hospital, the social worker is actively involved in preparing both the child and his family for his return to the community.

The Department of Speech Pathology-Audiology provides treatment and evaluation of speech, language and hearing when specifically requisitioned.

EDCU: Multidisciplinary Process

Major decisions such as to consider a child as a possible candidate for the EDCU treatment program, admission and eventual discharge of child, are reached through the following organizational structures.

EDCU: Referral Process

According to the regulations under Medical Staff By-laws, Reg. No. 3503, approved by the Board of Management, a child must be referred by a doctor and may be admitted only after being examined by an admission assessment team composed of representatives from required disciplines. The source of many of the referrals to this unit is the psychiatric division of local active treatment hospitals.

A referral to the unit for emotionally disturbed children is screened by the Assistant Clinical Director

(Medical By-law Reg. 300r). The Administrative Assistant of the Glenrose School Hospital mails out an application form to the parents/guardian of the child under consideration. When the completed form is returned to the Director of the School Hospital, the assessment process is initiated.

EDCU: Assessment Process

A multidisciplinary approach is used for assessment, admission and treatment of child. Each child being assessed for the EDCU program receives a complete educational, physical and psychiatric examination. Upon receipt of the signed application form, the Administrative Assistant schedules an appointment for the parents/guardian and child with the Hospital Assessment Team. This team is composed of representatives of the following departments: Education, Medicine (including Psychiatry), Nursing, Psychology, Rehabilitation Medicine and Social Service. The occupational therapist assesses the child's perceptional motor dysfunction and areas of manual dexterity. The psychologist administers intelligence and diagnostic tests. The parents/guardian are interviewed by the members of the Assessment Team. Notification of the assessment arrangements is forwarded to the parents/guardian with a request for confirmation. A schedule containing all the pertinent information is then distributed to all departments involved.

Assessments for the Emotionally Disturbed Children's Unit are conducted each Tuesday. They begin at 0830 hours and the last interview is scheduled to begin at 1500 hours.

Subsequent to the assessment interview, each assessor prepares a written report with a recommendation to be submitted to the Clinical Director or to his designate.

The education assessments are usually carried out by two trained teachers. One member of the team examines the reading-language area and the other assesses the mathematics and visuo-memory area. Each writes a brief report of his findings which is then discussed in detail with the Principal or Assistant Principal of the School Hospital who then writes a summary of the total assessment and indicates the Education Department's recommendation. Following these investigations an admission Conference is scheduled.

EDCU: Admission Conference

The Assistant Clinical Director (Head Psychiatrist in EDCU) chairs the admission conference which is held on the Thursday following Assessment. At this conference the members of the Assessment team present their reports and recommendations. These findings are discussed with the professional staff of the School Hospital and with concerned persons external to the institution, such as a representative from the School District, principal and teachers as well as the social worker involved with the family, who are invited by the Administrative Assistant to attend the conference. This team may authorize admission and advise as to treatment aim or goal. However, "the final decision for the selection of cases suitable for admission to the unit rests with the Assistant Clinical

Director(EDCU)" (Hospital Minutes Oct., 1969).

Three avenues are open for recommendation: the child may be admitted as an inpatient, may attend as a day patient or may be referred to another source. The decision is immediately communicated to the parents/guardian by the Assistant Clinical Director or his designate. Criteria affecting the decision to admit a child are as follows:

1. Glenrose School Hospital should be considered to be the facility most suited to the treatment of the child referred.

2. Parents or legal guardians should be willing and able to participate fully in the treatment program when this is indicated, and should be within sufficiently easy reach of the hospital for any necessary interviews. (Operations Manual, 1973 p.5).

If the child is to be admitted to EDCU, the date for admission is usually decided at this conference. Factors interfering with an immediate admission date are the current occupancy in both Nursing ward and classrooms as well as the particular needs of the child (Hospital Minutes, Nov., 1967). The psychiatrist discusses with the parents the purpose, goals and expected participation of the family in the treatment program. The parents sign the admission and consent forms. The consent form permits the School Hospital authorities to release information to the City School and Health authorities (Hospital Minutes, Nov., 1967).

Children admitted to EDCU program attend on a five day basis. Their weekends and some of the Edmonton Public School system holidays are spent at home on pass. Parents are expected to call for their child between 3:30 and 5:00 p.m.

each Friday, and to return with the child to his respective Nursing Station (301, 302) between 6:00 and 8:00 p.m. the evening he is expected back.

Parental Involvement in EDCU Program

The cooperation and involvement of the family is an essential component of the treatment program. Unless parents are willing to participate, the child is not considered eligible for admission to the program (Carroll, 1980). The rationale is given in the Handbook(1983)for Station 301. "The best way to bring about positive changes in the child is for the parents and staff to work together" (no page number). Parents are encouraged to spend time on the unit during the week as well as to attend the Sunday evening family swim hour. On occasion, some parents may be required to spend time in the unit. The staff take this opportunity to discuss and assist the parents with their child's treatment program.

In the Day Patient Unit each family attends an initial conjoint family interview following the child's admission. At this interview the psychiatrist and the prime therapist assess the family's needs and schedule further interviews.

EDCU: Discharge Conference

The average length of time a child attends the EDCU program is nine months (Carroll, 1981). Many of the professional staff fear that if the stay is too long, there is a risk that the child may become overly-dependent.

Approximately three weeks before discharge a conference will be scheduled with the multidisciplinary team. The Assistant Clinical Director or his designate chairs the discharge conference which is held on a Wednesday at 0830 hours.

At this conference, teachers, key staff and therapists, present a report on the progress of the child being discussed. As with admission of a child to the unit, "careful planning with those who will be involved in the child's future is a feature of the services provided."(Operations Manual, 1973 p. 6). Referees are invited to participate in the discharge planning and in post-discharge management. Concerned persons external to the institution, such as representatives from the School District, or the social worker involved with the family, may be invited to attend by the Administrative Assistant. If the child is a Day Patient awaiting formal discharge from the hospital program, the Psychiatrist in charge of the Day Patient Program and selected members of his staff are also invited to attend the conference.

The Discharge Report summarizes "all the relevant information available about the child with particular reference on etiology, diagnosis and further planning. In addition, some attempt is made to assess which of the various treatments offered were the most effective" (Operations Manual, 1973, p. 6).

Hospital Discharges usually coincide with the termination of the school year. A child may be discharged

from the program if parents/guardian fail to cooperate with the treatment team. On the other hand, parents/guardian may voluntarily withdraw the child from the program contrary to the advice of the School Hospital personnel.

EDCU: Education Program

The educational program for the emotionally disturbed children provides instruction to students who are unable to function in regular classes because of severe emotional/learning disabilities. It is designed to develop those concepts essential to a regular school program with an awareness of the functional abilities, skills, and potential of each individual student (EDCU Objectives 1981-82). Some of the main objectives of this program are as follows:

1. To provide a success-oriented environment designed to develop in each student a positive attitude toward self, school and community.
2. To facilitate social development through formal and informal group settings.
3. To provide an ungraded class situation in order to minimize a competitive atmosphere.
4. To supplement academic instruction with a remedial program in order to minimize the discrepancy between the individual's expected level of achievement and his actual level of achievement.
5. To provide information at multidisciplinary meetings regarding the academic and social functioning of the student.

Class enrolment in EDCU classes is limited to a maximum of six so these objectives may be met. The length of the school day is frequently determined by the extent of therapeutic services each child requires.

The Assistant Principal is the Educational Program Coordinator in the EDCU Treatment Program. In this position he supervises and coordinates the work of the special service people such as the Education Department Assessment team, Liaison Teacher, special subject teachers and the EDCU teachers. He is the official link between the multidisciplinary treatment teams and the teachers. Some of his major responsibilities are as follows: assisting the teachers in formulating an individualized education program for each student; assigning the students to specific teachers and the placement of students discharged from the Glenrose program. He is assisted by a designated school psychologist from the Bureau of Child Study, Edmonton Public School Board (1980), and by a designated person from the Edmonton Catholic School Board, who facilitate transfers and special class placements. He is also assisted in the latter by a Liaison Teacher who maintains close contact with outside schools. The role description of the Liaison Teacher as it applies to the EDCU is as follows:

1. coordinating school visits of Glenrose personnel and community school personnel.
2. representing Education on school visits.
3. assuming the Glenrose teacher's classroom responsibilities while they meet with students' regular classroom teachers.
4. assisting in locating placements for anticipated discharges. (Objectives 1981-82)

The Assistant Principal is likewise assisted in obtaining information about the educational background

of children considered for the EDCU program by an educational assessment team. This team researches relevant background information about each child; assesses to determine his academic level and in consultation with the Assistant Principal formulates a recommendation for placement. This information is presented to the multidisciplinary team by the Assistant Principal.

Discussion and Conclusion

The Emotionally Disturbed Children's Unit is a well-defined area with a large group of emotionally disturbed children together under one roof. These children, however, attend on a 5 day a week basis, may eat out with parents or key staff, attend day camps off the site, visit shopping malls, and go on outings with their Key Staff. The children are frequently in groups of one or more, and not always "with a large batch of others as Goffman (1961) states is the case with inmates in a total institution.

The author concludes that the EDCU possesses more characteristics associated with a mediatory institution than with a total institution. The philosophy of a mediatory institution is such that the role of the treatment center, and more particularly the role of the Key Staff, is that of delegate of the parents, the community, and the value system of the community (Mayers et al., 1977). This will extend the role of professionals employed in a mediatory institution. Since the roles of professionals working within this setting

are affected by the philosophy of a mediatory institution, it is probable that the work of teachers in a setting such as this, will also be affected.

To discover if the multidisciplinary setting affects the work of the teacher at the Glenrose, the author has adopted the role of teacher-as-researcher, using methods employed by sociologists(Wolcott, 1973; Hanson & Brown, 1977; West, 1977; Metz, 1978). This model, which employs techniques used in ethnographic research, is described in the following chapter.

VI. CHAPTER 3

Rationale and Hypotheses

The author adopted the role of teacher-as-researcher using participant-observation as the method of research. David McNamara(1980) states that the participant-observer approach to classroom based research in Britain developed in "critical response to the supposed limitations of the American emphasis upon systematic observation(Delamont & Hamilton, 1974; Walker & Adelman, 1975; Hammersley & Woods, 1976; Stubbs & Delamont, 1976). It is an approach which advocates that the researcher should spend considerable periods of time of time in the classroom.

This approach is recommended because ethnographic research by professional researchers has failed to build up accounts of schools and classrooms that are of use to the practising teacher (McNamara, 1980).

Wolcott(1973) observes that much research in education is heavily preoccupied with sampling technique and statistical accuracy and while these are important questions the methods cannot be applied to answer the question the author is investigating. The question should set the methods, not the other way around.

Christopher Clark(1979) in an article called "Five Faces of Research on Teaching" discusses qualitative approaches to research. The questions posed by the researcher is "What is happening here and why?" According to

Burgess, proposals and research reports that are organized and developed in University Institutes and Departments of Education are viewed sceptically by teachers who consider that much educational research has little relevance for the work they do in schools and classrooms. b) research reports are relatively inaccessible given their content and style of presentation.

Stenhouse(1975) has argued that teachers need to add a research dimension to their role and act as their own classroom researchers if they are to evaluate and understand their teaching situation.

Robert G. Burgess(1980) argues that a teacher might take a teacher-as-researcher role in schools and classrooms. This style of research requires a knowledge of several fieldwork techniques and raises several fieldwork problems. This model of the educational researcher has been adopted in various guises in a range of ethnographic research in British schools and classrooms. Some researchers have taken an observer role(Poppleton, 1975; Delamont, 1976; King, 1978) Meanwhile, the case has been argued for teachers to engage in research (Woods, 1977; Burgess, 1978; Pring, 1978, Burgess, 1980). In this situation, the role adopted would be that of teacher-as-researcher whereby research activities would be subordinate to teaching duties. The teacher-researcher already has an ascribed role (King,1974), on the basis of his appointment as teacher. In this context, if the teacher-researcher is to conduct observational

research he will utilise two of the master roles, namely, those of complete participant and participant-as-observer. while others have taken the role of participant observer where the degree of participation has taken various forms. Lacey(1970) and Hargreaves(1967) were participant observers who taught and did research. Lacey(1976) explains that he only taught a limited number of classes so that he might observe other teachers' classes, conduct interviews and write up field notes. In these circumstances the research worker adopts a researcher-teacher role where teaching duties are subordinate to research. This research design was preferable to other designs because of the basic question to be answered, "What is the work of teachers in a multidisciplinary setting?" The role of participant observer is defined by Becker(1970a) when he states:

> The participant observer gathers data by participating in the daily life of the group or organisation he studies. He watches the people he is studying to see what situations they ordinarily meet and how they behave in them. He enters into conversation with some or all of the participants in these situations and discovers their interpretations of the events he has observed.

In Becker's definition, participant observation is defined in terms of fieldwork where the individual learns first-hand about the situation under study. To perform his duties the fieldworker takes on several roles such as participant, participant-as-observer, observer-as-participant and complete observer.

Multidisciplinary Approach

The approach used at the Glenrose in the treatment of these children is defined as a "multidisciplinary approach" which means that many disciplines work together, each bringing its own expertise to the treatment of these youngsters. In a multidisciplinary team setting, it is important that each participant understands and works as a member of a team. The author assumes that effective multidisciplinary teamwork is predicated on optimal teamwork within a discipline. There are five female teachers and three males on the EDCU classroom staff. Of the eight classrooms in the unit, three are for students in Junior High. These classrooms are staffed by one female and two males. Two classrooms are for students in the intermediate grades and these are staffed by a male and a female. Two classrooms are for students at any grade level and these are staffed by a male and a female. The remaining class, staffed by a female, is for students in the primary grades.

Population of Study

The patient population consists of emotionally disturbed girls and boys between 5 to 16 years of age. According to a psychiatrist in the EDCU they are:

> children of average intelligence or higher...[who] display various symptoms of disturbed behavior such as poor peer relationships and an inability to function in the regular school setting. They are often chosen as scapegoats within the family(Glenrose Newsbreak, May, 1979).

The Operations Manual for EDCU (1973)provides the following

description of the Diagnostic Categories considered suitable for the unit:

1. Brain dysfunction syndrome with or without neurological signs, with intellectual or behavioural problems necessitating specialized education and residential management not available elsewhere. This specifically excludes children of less than borderline mental ability.

2. Childhood psychosis. Children suspected of being psychotic would be assessed for their suitability to respond to treatment.

3. Communication disorders with associated behavioural difficulties, with the exception of those children who show a significant degree of hearing loss.

4. Psychosomatic disorders presenting particular problems in management because of faulty parent-child attitudes and necessitating removal from the family environment while work is done with the family and the child to enable him to return home to a healthier situation. Examples would be asthma, obesity, anorexia, diabetes mellitus, etc., and would be assessed and treated in close consultation with the appropriate medical specialists. Some of these children might be admitted to either the Physically Handicapped Children's Unit or to the Emotionally Disturbed Children's Unit and transferred from one Unit to the other as the child's condition warranted.

5. Reactive and neurotic behaviour disorders in the comparatively small number of children who cannot be adequately treated outside an inpatient unit. Only a limited number of children whose behaviour would be disruptive on the Unit can be accepted at any one time in the interest of the other patients (p.6).

Role of Teacher in EDUC Program

As a member of the EDCU treatment team, the teacher in EDCU participates in team interaction in both a formal and an informal capacity. At a formal level he attends admission

conferences about children to be admitted to the program; presents progress reports at Ward Rounds for a child about to undergo a change of status, either to the Day Patient Unit or back into the community and attends Management Conferences at the designated Nursing Station when his students are scheduled for behavior management and treatment review.

School visits, when requested by receiving schools, are part of his/her role in preplacement and follow-up of a student. In this role he assists in re-integrating the child back into his home community. At an informal level he exchanges information with the Nursing staff, especially with the child's Key Staff about the child's academic progress, classroom behavior and factors outside of school which may affect his school work.

According to the Operations Manual for EDCU the teachers contribute both to the diagnostic and therapeutic purposes of the unit and they are expected to participate in the assessment and treatment conferences. Other functions include educational testing and evaluations. The teacher's observations make an important contribution to the interdisciplinary assessment (1973). The Nursing Station 301 Handbook(1983) contains the following information in respect to the role of the teacher.

> Schooling is an important part of the Treatment Program. In addition to the programs offered in the classrooms children may attend music, art, physical education, industrial arts and outdoor education. There is also an excellent library facility available for the use of the students. Because the

school is part of the Edmonton Public School System the school routines are similar to those in the regular system. Classes are structured to allow teachers more time to place emphasis on meeting individual needs and provide opportunity for participation in group activities. Parent-teacher interviews are scheduled as required and report cards are issued to each student.

Research Instruments

The principal method of data collection was participant observation. This was supplemented by intensive analysis of both hospital and school records and documents; formal and informal interviews with administrative personnel; submissions made to department directors. Verbatim accounts of casual interactions with teachers, other professionals and students were an integral component of the research design. Most of the communications with teachers took place during recess, noon breaks, teacher preparation time and before the beginning of a school day. Interviews were scheduled with both hospital and education administrative staff. These interviews were usually 40 - 60 minute formal meetings in order to clarify an observation. The informal interviews were open-ended and allowed respondents to expand at length on topics related to their specific discipline. In the informal interviews reference was often made to a specific area of concern and the person being interviewed would be asked to verify, and explain.

Most of the author's participant observation took place on the third floor of the School Hospital, and, more specifically, in the corridors of the classroom area.

Observations were made of classroom interactions, divisional meetings and the various multidisciplinary meetings attended by the education staff. The observations center on the rank and file rather than on authority figures or formal leaders. Observations of the students are limited to specific classes.

Throughout the study events such as multidisciplinary meetings, interviews, communications with persons involved in the research study were recorded on a memo calendar. The use of a memo calendar affected the observation and recording of information and interactions because these were briefly summarized and expanded at the end of the day. Interactions or events that seemed significant to the author frequently consumed 3 to 4 typed pages. taped and later consigned to a computer file. Interviews with adults were conducted in the privacy of administrative offices or empty classrooms. Parts of the field notes and parts involved in incidents and crises in the classroom and with the multidisciplinary team are included in the text. This research which relies upon diffuse qualitative data and purpose sampling is open to highly subjective interpretation. Precautions, therefore, were taken to minimize subjectivity. The author endeavored to be aware of her own pedagogical prejudices; personal likes and dislikes during discussions with others. In doubtful situations an effort was made not to accept a conclusion without data from several sources, preferably data of several different

varieties.

Data Collection Procedures

Permission to begin the research was given by the principal who granted the author access to all documents and records such as Education Assessment Reports; Individualized Education Programs; Progress and Discharge Reports; School Visit Reports and Follow-up Reports. Other documents examined are the Hospital Minutes; Committee Reports; Master files of children admitted to unit for emotionally disturbed children; Hospital Policy Manuals; Year Books and Glenrose Newsbreak, a staff magazine published by the Glenrose Provincial Hospital between 1976 and 1979. Since the teachers assigned to the classrooms in the Emotionally Disturbed Children's Unit had requested the author to initiate this research study and the school principal endorsed this, these teachers participated in the gathering of the data obtained.

Limitations of the Research Method Used

Smetherham(1978) has indicated this dual role is not without some problems. Questions have been raised concerning access, research roles and data dissemination; all of which have relevance for the teacher-researcher. Access to research sites and to individuals raises other fieldwork problems. Who should be informed of the research? Should individuals be identifiable in the research report? Role

problems may also relate to the teacher-researcher's colleagues (Woods, 1977; Smetherham, 1978). When the research role is disclosed some members of staff may not want to impart information to a researcher, despite having previously discussed situations with the individual as a friend and colleague.

There is risk involved in adopting this method in that the teacher-as-researcher being so familiar with the situation under investigation may overlook some problems. There is also the probability that a teacher-researcher may over-identify with one particular group and consequently research problems are seen from one perspective. The author endeavored to minimize this effect by involving professionals in other disciplines to react to the study. (involvement and detachment). The setting of the study, in a network of relationships both restrains and affects the respondent and the researcher. During the course of this research study the author did not seek out situations of tension, conflict and crisis. It is frequently in conflict, however, that the assumptions and sanctions which support smoothly operating control relationships, especially in a multidisciplinary setting, are made visible. In doubtful situations an effort was made not to accept a conclusion without data from several sources, preferably data of several different varieties. For example statments made in interviews were checked against other interviews, classroom and other observations and when required, against official

documents. Since the aims of the study are descriptive rather than analytic, attempts were made to draw varied samples of persons, settings and interactions. Part of the author's methodology strategy was to have people familiar with the Glenrose setting, such as teachers, principals and directors of the Hospital Departments, critically read sections of the thesis. A number of teachers shared their thoughts about incidents that involved them and they were anxious that the author consider their views in describing these happenings. Lengthy interviews were Some of the teachers who were personally involved with a conflict issue, discussed these issues with the author in addition to submitting a written account of the episode according to their perception of the situation.

Some teachers have found that their teaching duties have limited their investigations to the pupils and teachers with whom they work(Burgess, 1980, p.34), in this study this problem has been resolved in part by team teaching arrangements.

Other teachers may wish to take an active role in the research programme either by becoming key informants or co-researchers for their teacher-researcher. In this context the teacher-researcher is put in a position of one who has to evaluate his own role and that of others, as this will influence the data that are gathered in the school. Becker(1970b) has argued that research problems help to reveal some of the processes involved in the institution

under study. The way in which a teacher-researcher resolves these problems may involve him knowing more about himself, the way in which he works, and and the processes that occur within the institution in which he is located. Research, in the form of self-criticism and evaluation becomes a formal part of the teacher's duties (Pring, 1978) and extends the teacher role. However, if these problems can be resolved, the research can lead to rich data which would otherwise have remained inaccessible to the traditional teacher who does not normally articulate sceptical, reflexive research questions(Cope & Gray, 1979) and to the traditional researcher who poses questions that relate to the academic milieu(Woods, 1977). The author's participation within the school testifies to involvement. As a teacher-as-researcher, the author already has access to an institution by virture of employment. In these circumstances, the author is a participant-observer within his own school and this allows for a degree of immersion recommended by Woods(1977) and Smetherham(1978). There is the problem of detachment for the purpose of research. Hammersley(1981) in response to McNamara (1980) "The key feature of participant observation is an attempt to be both insider and outsider, to understand participant perspectives and yet at the same time to maintain enough distance to subject them to scrutiny and to locate them in a wider or comparative social context" (p. 169).

A situation is affected by the observer and in "humans observing" this is frequently proven time and time again. The fact that the research has been performed by a member of the teaching staff in the Glenrose setting may have had positive effects on the study because it was less probable that the people involved would be unduly reticent about what might be termed "confidential matters" such as incidents which may occur with a member of another discipline that would cast aspersions on the teacher.

King(1974) in a discussion of the problems with intensive analysis writes: "...anyone undertaking participant observation emerges with a wealth of data, much of it intimate, personal data"(p.xx) A choice has to be made as to what data are to be selected from the material that has been gathered. This poses problems of reliability and validity.

In order to overcome these problems, the author presented the data to colleagues, professionals in other Hospital Departments, and former School Hospital administrative personnel to determine if they could relate to the processes identified within the School Hospital.

This research which relies heavily upon diffuse qualitative data and purposive sampling, is open to highly subjective interpretation. Precautions, therefore, were taken to minimize subjectivity.

VII. CHAPTER 4

The purpose of this chapter is to describe the interactions of the teachers in the unit for emotionally disturbed children at the Glenrose School Hospital. The participant-observations of the interactions of the teachers in EDCU relate to the interactions of the teachers with other teachers, interactions between the teachers in the unit with others associated with the treatment division and, interactions of teachers with their students.

The principal participants in this section are the principal, assistant princial, the eight classroom teachers in the EDCU teaching unit and the three special subject teachers. There are five female teachers and three males on the EDCU classroom staff. Of the eight classrooms in the unit, three are for students in Junior High. These classrooms are staffed by one female and two males. Two classrooms are for students in the intermediate grades and these are staffed by a male and a female. Two classrooms are for students at any grade level and these are staffed by a male and a female. The remaining class, staffed by a female, is for students in the primary grades.

VIII. Interactions of Teachers Associated With EDCU

Teachers are in daily contact with the school administrative staff. For this study certain occasions which highlight the school climate have been recorded in detail. These are: the new teacher's introduction to the EDCU teaching unit, divisional meetings with the assistant principal and informal meetings of the teachers among themselves. While the interactions of the teachers with members of their department are organized around these specific happenings, the author has not attempted to categorize them as being formal or informal. The following is an account of one teacher's introduction to the EDCU teaching staff.

Orientation of a Teacher - October

My introduction to the school hospital begins with a guided tour by the principal. She escorts me to the classroom wing by way of the EDCU treatment division, where a multidisciplinary conference is in session. As we proceed down the long bleak corridors, she talks in glowing terms about each of the teaching staff in this division. She introduces me to one of the teachers and then comments, "Barbara will answer any questions you may have about procedure, since she has been here a couple of years". We pause at the first classroom past the double doors leading from the treatment unit. Its south window ledges are filled with potted plants. In a corner of the classroom, goldfish swim amongst plants and shells in an aquarium. When we reach

the classroom where I am to teach, the teacher is waiting at the door. She informs me that she teaches a group of five youngsters - one girl and four boys. The classroom is large, and the desks are spread around the room. In one area is a long table on which an assortment of shells and rocks are arranged. Gold curtains cover the windows which face north. With the lights off, the room appears dull and drab. The chalkboards match the brown rug. Following my introductory tour, I will return to spend the day here. The principal suggests that Mrs. Morrow meet with me during recess and prepare me for the day ahead. When we arrive at the teachers' staff room, the principal introduces me to other EDCU teachers who happen to be present.

At 10:55 I accompany Mrs. Morrow to her classroom. "The long recess(10:30 - 11:00) is to allow the Nursing Stations to carry out their programs", she explains. As we pass through the double doors separating the classroom area from the Staff Room, I notice adults and children outside each classroom area. The adults converse among themselves and the children wait, with varying degrees of control, for the teachers to open the classroom doors. The ages of the children vary considerably.

Upon reaching the classroom, Mrs. Morrow introduces me to Carlin's Key Staff. Carlin is a Day Patient and he comes to school on the city bus. The Key Staff is concerned about Carlin because he "seemed rather agitated when he arrived this morning". Mrs Morrow is also reminded by another Key

Staff that "Deanna may be up for discharge conference next week." The teacher and the Key Staff comment about each student as he enters the classroom. Some of these comments are: "Deanna finished all her homework without any hassles last night" and "Gregory knows that he is expected to spend his entire morning in the classroom".

Since visitors to the classrooms are very limited (permission must be obtained from either the Principal or Assistant Principal) I am surprised that my presence goes almost unnoticed. Mrs. Morrow informs me that the children are aware of the purpose of my visit. When the school day is over, each child is dismissed individually with a warm but brief comment such as "You really worked well today, Carlin, I'm pleased" or "Mike, don't fall out of a tree this weekend". He had done so last weekend, but fortunately the tree was not much more than a shrub so no injuries were sustained. To me, she said, "They are lovely children and I'm sure you'll do just fine". The day is short because each Friday, classes are dismissed at 2:30 so the children can prepare to go home for the weekend.

During recess I am briefed by Mrs. Morrow. "At 2:45 the third floor teachers meet with the Assistant Principal to discuss problems we may be having with our students and to learn if there are any new admissions. We take turns accepting children to our classes, but we do try to consider how the new admission will fit in with the children we already have. This is something I value because I can always

say to my youngsters, 'I am so glad I asked to have you in my class'". She explained the importance of this comment. "Too often they have experienced rejection."

Interactions in Staff Room

Many of the observations included in this study are noted during coffee break either in the teachers' staff room or in the hospital cafeteria. The latter is the most usual place for the teachers to relax and share concerns about "their students".

Concerns of Teachers

Casual conversation with teachers both within the Glenrose and in the regular classrooms, reveals that many of them hold the view that these youngsters are bold, volatile, noisy, and disruptive. Some of these comments are: "That must be a third floor kid". This comment followed a loud outburst from the stairwell. One teacher informs me that "The best way to make those kids behave is to be very, very firm with them. They should not be coddled". Another teacher states that "Third floor teachers must not be over-protective of these children" and that "These children are bad or they wouldn't be here."

This attitude is a major concern of the teachers in EDCU and prompts them to exert special efforts to have EDCU youngsters accepted by others. This concern results in my investigation of the historical background of the EDCU

treatment division. A visit is made to the Provincial and Municipal Archives to obtain available information related to the beginning of the Glenrose School Hospital. A perusal of the newspapers revealed that one very lengthy article described EDCU in an eight line paragraph, while the remaining fourteen paragraphs described at length the unit for the physically handicapped. EDCU students did not have a special page in the school year book until 1976. This attitude toward the children in EDCU and the observations made led to an indepth analysis of the Hospital Minutes.

I summarise the sections contained in the Board of Management Minutes that relate directly to the EDCU treatment division. From this information I note aspects of the hospital setting that could have detrimental effects. Some of these are:

1. EDCU was maintained for a time as a locked unit.
2. There was a "quiet room" in the unit.
3. Electro-shock therapy could be administered in the unit.

Another factor that affects the way EDCU children are perceived, according to a teacher in the PHCU treatment division, is that these children are accompanied by adults when they go to the swimming area, gymnasium, or auditorium. An EDCU teacher, during a discussion of these issues, makes the observation that "while attendants accompanying the the physically handicapped children, are perceived as 'helpers,' those who accompany the emotionally disturbed children are perceived as 'police'."

Other Concerns of Teachers

Many of the concerns of the teachers in EDCU revolve around the word "mainstreaming". These teachers are very much aware that next month, before Christmas, after Spring Break or at the end of the academic year, any one of their students could be returned to the regular school in the system. This preoccupation with "mainstreaming" results in three of the teachers engineering a special classroom program to facilitate a student's integration into the regular system.

This program, referred to as the "Three Phased Program", evolves as the teachers share with each other their perceived needs of the children in their classrooms. From one of their conversations the following needs were extracted:

1. Each child needs to develop a one to one relationship with an adult - a significant other. Frequently the teacher fills this role.
2. Each child needs to learn how to interact with peers in a small group situation.
3. Each child needs to learn how to interact with peers in a large group situation.
4. Each child needs to have increasing demands, both social and academic, placed upon him.

After the needs are clarified, the focus of the meetings is to design a program that will incorporate features necessary to meet these needs.

The Three Phased Program

The three teachers involved in this program assume that the students in EDCU have special needs; behaviorally, socially and academically. In addition, the school day of these students is frequently interrupted for various therapies such as Occupational, Speech and Group therapy sessions. Therefore, teaching strategies and techniques have to be compensatory. Furthermore, a small class size of six students, is not realistic in terms of preparing a child to be integrated into a class size of 25 or 30 other students.

The Three Phased Program, has as its goal, the preparation of EDCU students for mainstreaming. Its objectives are to lessen a student's dependency upon the teacher and to teach the student classroom routines observed in the regular school system. Some of these routines are as follows:

1. Raise hand to attract the teacher's attention.
2. Work independently.

Organization of Program

The academic year is divided into three phases, with each phase placing emphasis on specific objectives. Phase One includes the period from September until Christmas. The objective is to establish rapport with each student. Phase Two includes the period from January until Spring Break. The objective is to begin the integration process with other students and teachers. Phase Three includes the period from

Spring Break until the end of the academic year. The objective is to further the integration process by exposing the students to a large group situation, of approximately 18 students, for the entire school day. A secondary objective is to establish basic classroom routines which will facilitate integration.

Physical Arrangement of Classroom

In Phase One, the teacher and his students remain in the classrooms to which they have been assigned. In Phase Two, the students assemble in one classroom, under the direction of one of the three teachers, for a period of one hour daily. In Phase Three, the students assemble in one classroom for the entire day throughout the period of time this phase is in operation. The desks are arranged in a pattern similar to that observed by the teachers during school visits. One of the smaller rooms is set up as a Fun and Activity Room. A third classroom is used as a Teachers' Planning Room.

Organization of Class

In Phase One, the students are ungrouped for instruction. In Phase Two, the students are assigned to heterogeneous groups. In Phase Three, the students are assigned to a heterogeneous group for specific activities such as drama, but placed in homogeneous groupings for instructional purposes in the area of Reading and

Mathematics. The students attend Library, Music and Physical Education in their original groups. That is, with the students with whom they were placed upon admission.

Class periods are similar to those in the regular classrooms, with two periods in the morning and two in the afternoon. Each afternoon is set aside for such subjects as physical education, science and socials. Emphasis is placed on spelling and reading and the basic skills in mathematics. Assignments are designed to to permit each child to earn at least 15 minutes of free time during each class period. This free time is spent in the classroom set up for fun and activities.

Guidelines for Students

To provide structure, the students, in conjunction with the teachers, developed the following list of acceptable practices:

1. Enter classroom quietly.
2. Greet each teacher then take seat.
3. Write in personal diary (15 min.)
4. Obtain permission to leave your desk or class.
5. Wait your turn to speak during class discussions.

A poster near the classroom door, displays these guidelines, as well as reminders that Occupational Therapy schedules are their responsibility and Library materials may not be taken to the Nursing Station.

Role Description for Teachers

With Phase One, the role description of the teacher remains unaltered. With Phase Two, the role of the teacher changes to include different aspects associated with team teaching. With Phase Three, the roles of the three teachers involved in the program are altered considerably. The role descriptions are as follows:

> Teacher A: assumes responsibility for: Language Arts and supervision of seatwork during Teacher B's instructional time.
>
> Teacher B: assumes responsibility for Mathematics Program and supervision of seatwork during Teacher A's instructional time.
>
> Teacher C: assumes responsibility for administration of Pre and Post Tests; resources, both material and academic and supervision of students' Free Activity Time. In addition, attends to administrative details, such as timetables, therapy schedules, field day outings. This teacher also assists in disciplining students.

Guidelines for Teachers

A few basic guidelines for the teachers evolved during the implementation of the program. They are as follows:

1. Clarify goals for students.
2. Set up assignment expectations for each child.
3. Date all work of the students.
4. Reschedule Reading and Mathematics if Ward conferences interfere with this part of the program.
5. Distribute handouts to your own homeroom class.

Evaluation of Program

An evaluation of the program by the three teachers involved lists the following advantages and disadvantages:

Advantages of Three Phased Program

1. It provides immediate feedback and support for both teachers and students.
2. It diminishes the emotional strain a teacher may experience in teaching these students.
3. It gives the students an opportunity to work together cooperatively.
4. It gives the students the opportunity to interact with other students and adults.
5. It helps to affirm suitable classroom behaviors.
6. It provides a change of pace for the last months of school.
7. It motivates the children to complete assigned tasks.

Disadvantages of Three Phased Program

1. The choice of team members must be voluntary because a possible mismatching of teachers can be a great potential hazard.
2. There is a risk that this approach can be misapplied if it is indulged in merely to lessen the insecurity of individual teachers.
3. Students may also play one teacher off against another teacher.
4. Students need to be present at the beginning of the program.

The program was discontinued because the Assistant Clinical Director and the Assistant Principal expressed concern that such a program would impede the establishment of a relationship between one teacher and his students. At

our final divisional meeting in June, the teachers are informed that in September the children must be in class of six.

A. Formal Meetings with Program Coordinator

The Assistant Principal, in his role of Program Coordinator for the EDCU Treatment Division, convenes the Education Divisional Meetings weekly. (The meeting times have changed over the years. For example, during the beginning years of this study, divisional meetings for the teachers in the unit for emotionally disturbed children were held each Friday between 2:45 and 3:45. Presently, these meetings are held on Thursdays during recess time, that is, from 2:15 to 2:45.)

Divisional Meeting - October 13

Our divisional meeting begins promptly at 2:45. The Assistant Principal's office is almost too small to contain the eight classroom teachers, liaison, physical education and industrial arts teachers. It is an oblong room with a filing cabinet near the window and a big desk with a Medical Dictionary, file folders and books neatly arranged. After the Assistant Principal informs us of events which will occur in the near future and inquires whether we have completed our Individualized Education Prescriptions, each teacher is given an opportunity to share ideas and concerns. He reminds us that although our student ratio is small, the

problems are not. "Each of your students could be multiplied by five of the average class." The Industrial Arts teacher announces that he will be soon putting up a schedule for his program and he takes this opportunity to say: "Just want to remind you guys that I.A. for third floor kids is strictly on the merit system. I do not want kids who won't listen. The equipment is too dangerous to allow these kids to fool around with it." The teachers nod in silent assent. With this part of the agenda out of the way, the Assistant Principal informs us that there was a new admission at Conference this morning. He gives us a brief account of the seven year old boy admitted to Nursing Station 301. A folder containing the child's picture is circulated among the group. "The unusual thing about this child is that he was admitted only on condition that the mother did not become involved" said Mr. Uniac. Further information supplied tells me the boy requires a seven day a week placement. Social Service will have to seek weekend foster placement. Joe is not integrated into any school class but does receive some individual schooling. He is of better than average intelligence. His former school reports that Joe was apprehended because his mother beats him. The process of placement is a familiar one to the teachers. Mrs. Morrow states that she would be interested in having this youngster in her class. Since this child is in Nursing Station 301, the principal inquires of the other teachers, who usually accept students from Station 301, if they have any

objections. Traditionally, if a teacher may accept a child on the basis of age of child has just had a new pupil admitted to his classroom, he is excused from taking another new student immediately. The criteria for acceptance with some teachers is whether or not he feels comfortable accepting this child. Also, taken into consideration is whether he considers the placement as being best for the child.

I.E.P.'s - October 19

Our divisional meeting is dull today. It is still 30 minutes before the meeting can be adjourned. The Assistant Principal takes this opportunity to remind us that we should be thinking about writing our educational prescriptions for each child. This brings forth a series of low moans. Several of the teachers remark that they really need more time to evaluate and to get to know their classes before they can complete their programs. Another teacher said "You know, these kids do not always show their true colours when they are first admitted. That might make everything I write obsolete in a month's time". The Assistant Principal nods sympathically but states "It is important, nonetheless, to start focusing our thoughts on these programs". He reminds us that as teachers we have immediate access to all the diagnostic information that can be obtained from other disciplines, plus the advantage of consultation at will. He then invites anyone who wishes to arrange a time with him

for assistance writing these prescriptions. The meeting adjourns at precisely 3:45 p.m.

In the week following the Assistant Principal's request for individual education programs to be completed, he contacted those of us who had indicated that we would like to meet with him. During recess on Monday he came to my classroom. After inquiring about how things are going and "Is Jason fitting in well with your group?" (Jason is the new boy who was admitted a week ago), he glances at my timetable on the wall and suggests that we meet during my class preparation time on Thursday. "That would be about as good a time as any, unless of course, you have prior plans", he adds.

Before the meeting on Thursday, I prepared a rough copy of the program for each child in my class. This was my first experience in writing programs but a teacher in PHCU showed me her programs to use as a guide.

At my Thursday meeting Mr. Uniac provides me with background information about the particular forms used. "These forms are based on a model designed by Lawrence Peter(1965) in his book Prescriptive Teaching". He goes to his file cabinet by the window and pulls information about filling out a program. He shows me the two different types of forms. "The two-paged form is to be used when a child is first admitted to our program. You'll need four of these. However, Bart and Carlin were here last year. They probably have a program in their files, so just fill out this

follow-up program."

As we go over the program, the Assistant Principal informs me that the first part of the education plan describes the child's disability - physical, sensory, emotional, social, academic and state how this disability affect the child's progress. He points out that since these programs are geared to the physically handicapped child, some of the headings might not apply to the emotionally disturbed youngster. "You will find much of the information in the child's cumulative record card, as well as in the education assessment forms. The I.Q. scores should be coded."

"The second part of the plan (School Variables) is more complicated," he informs me. He discusses with me the various approaches that could be listed under consistent approach. "These approaches will depend on the individual needs of the youngster. For example, one youngster may respond best if you are very decisive about what is expected of him, while another student may require greater latitude in decision-making. But in all this, you must remember not get too specific".

When it came to setting the goal and objectives for each student, the Assistant Principal recommends specificity. "Here you must be fairly specific and individual objectives for Carlin might be 'to provide remedial help in reading comprehension', or for Michelle 'to improve self-concept' or 'to prepare for return to regular

school class by Christmas'. You might have to have three or four objectives."

He concludes the meeting with "Good luck" and "Do you feel that education programs are of any value?" I respond that they are of value, insofar as they forced me to start thinking about each child as an individual.

Physical Education Program - December 15

Another Friday and another divisional meeting. Staff morale seems to be at an all time high today. Jeff, the prankster on the third floor staff, comes into the staff room just before we are going to the Assistant Principal's office on the second floor. He says "Let's see if we can break George down into cutting the meeting short today". We all agree, so when George arrives at his office he finds nine members of his professional teaching staff muffled to their ears in scarves, boots, mitts and coats. He looks, and looks again. And then with the utmost composure and a twinkle in his eye, states "I've got news for you guys. The meeting is just begun". Amid groans of "You can't blame us for trying," the teachers shed their outdoor gear and ready themselves for the business of the week. There is to be an informal presentation by the Physical Education teacher in respect to his philosophy and techniques for teaching emotionally disturbed children.

He expresses the view that EDCU students are more prone to arguments, fights and inappropriate behaviour than the

children in PHCU and that these behaviours become less appropriate and the interaction less positive as the size of the group increases, particularly in team competition activities. Consequently, he recommends that the maximum physical education class size should ideally be limited to ten. He likewise informs us that the attention-span of these students appears to be much shorter than that of the PHCU students; a half-hour of an activity is usually the maximum for maintaining positive learning conditions.

He says his approach is "firm, consistent, low-key, open-door policy" and that students must know the teacher's expectations, and must be treated as individuals with rights and opinions. It is also important that the physical education teacher explains the consequences of misbehaviours and consistently follows through. This means that the Ward Staff must be informed when a student is asked to leave the class. He emphasizes the fact that power-struggles must be avoided because the teacher rarely wins.

He favours the democratic approach where each student is treated equally. He begins each class by asking one of the students to mark the attendance register. Then that same student leads the group in a warm-up exercise of approximately two minutes. Each week a different student assumes these responsibilities. The students occasionally will vote on the activity for the day. If it is a close vote, the second most popular activity by vote will be scheduled for the following week.

Team games are played after choosing sides. This is done purposely to try and determine which students are respected by their peers. Captains are selected by each student choosing a number between one and 100. The two students closest to the number, thought of by the instructor, become the captains for the day.

The emphasis of the class is not necessarily skill development but participation, interaction, cooperation and socialization. The students must learn how to function meaningfully in a group situation. However, privileges such as participation or choice of activities may be lost through misbehavior. He comments that there is less confusion and more consistency in the students' lives because Ward Staff helps with the disciplining.

Sharing Ideas - March 2

Divisional meetings provide an opportunity for teachers to share their ideas, plans and aspirations for providing alternatives for instruction and management of emotionally disturbed children. Today after the routine business matters, related to the distribution of report cards, new books in the curriculum library and the expected new admission for Station 302 were attended to, the teachers discuss with each other their individual classroom rules, approaches and philosophies. Ford's set of rules are very basic:

1. No talking during work.

2. If you must talk, whisper.
3. Treat each other the way you would like to be treated.
4. No noise or running in the halls.
5. Keep personal arguments out of class.
6. Take turns taking attendance.

Noreen's rules exemplify her general approach to the teaching of emotionally disturbed youngsters. They are:

1. Have a good day.
2. Be kind to each other, to visitors and to Noreen.
3. Remember to ask for permission if you want to borrow something, use something someone else is using or to play background music.

After this, the teachers express their individual views about the teaching of the youngsters in their classes. One teacher states that "a student who cannot obey the classroom rules, cannot benefit from classroom instruction". Most of the teachers agree that external controls are essential and that it is the responsibility of the teacher to provide the student with these controls until the child has enough control within himself. "Sometimes the children need to be forced to complete an assignment," states Jerry. Several of the teachers support the idea that the teacher must strive to change the student's attitude and then, hopefully, the student will change his own behavior.

I questioned a couple of the teachers about their favourite approach to these students. They were of one accord. They preferred a "modified behavior management

approach". The student must "learn that there are consequences." Another teacher said that he had used Hewett's Engineered Classroom for a year but he always felt that for him it had not succeeded. He said that "other teachers complained about his class and said that they could not manage his students". When the psychiatrist was consulted about his view of behavior modification, he stated, "it usually is not too successful with emotionally disturbed children because too many of them fail to generalize."

Family Group System - March - 9

At today's divisional meeting we discuss the various programs that have been used in teaching emotionally disturbed children. Steve suggests that we reorganize our classrooms into "family units" similar to the system that has been in use in Britain. While Steve acknowledges that the family class program creates a greater workload for the teacher, because it means keeping detailed individual records, it does have an advantage in that "the older children help take care of the younger children in simple routine matters and thus free the teacher for more important tasks". Furthermore, this type of classroom organization makes competition almost impossible as it makes greater allowances for individual differences in maturing rates or natural ability. Most of the teachers are familiar with this system. They decide that they will consider this approach on

an experimental basis of one day a week.

Spring and Fall Follow-up - April, 23

At today's staff meeting the Assistant Principal presented a Summary Report on the follow-up of children discharged from the Glenrose School Hospital last June. Since 1972 it has been the practice of the Education Department to send one-page questionnaires twice yearly to schools which have received students from the Glenrose. The follow-up questionnaire (Appendix B) addresses the following issues:

1. Peer relationships,
2. Academic functioning,
3. Relationships with authority figures.

The questionnaire also invites comment concerning student strengths and weaknesses.

The most frequently mentioned problem(s) include, poor peer relationships, low frustration tolerance, and lack of self-confidence. The major strength listed is student effort and application. The Assistant Principal also stated that 1/3 of the students present no major problem(s).

Structured Freedom - May 16

During noon hour Noreen and I work on a description of my reading program. This program is designed to ensnare the reluctant reader into active participation in the reading program. It is because of the unique blending of two

dichotomous concepts, structure and freedom, that give it merit. I use these terms as synonyms for the words convergent and divergent. The blending is apparent in the selection of reading materials, choice of themes and in its integration with other subjects.

Teachers Prepare for Substitutes - May 19

In any school setting careful planning must precede the absence of a regular teacher. This is doubly necessary in classrooms for emotionally disturbed children. Several of the teachers in EDCU share with me their method for preparing for a substitute teacher.

Noreen has a special shelf on which she keeps special story and music records and library books in reserve to use as a "free time activity". Courtney has envelopes prepared for each child. These envelopes contain work with which the child is familiar and is able to do without stress. My team teacher, Mr. Helm and I, have prepared forms providing such information as the name of the child's Key Staff and the Nursing Station to which he belongs. Other data that a substitute needs to know, such as the name, age and grade level of each child are likewise recorded. The behaviors such as "withdrawn", "timid", "may become angry enough to cause damage" or "tends to exaggerate", are noted as well as behavior management techniques which we consider as being most effective with each child. They include:

1. Speak softly to him when scolding him but do not relent.

2. Quietly ask C. what he should be doing. If he knows, you'll have to say nothing more. If he doesn't know, then, tell him.

The following methods used to reward each child are listed: verbal praise, a smile, a nod, or just simply eye contact. Some of the "Free Time" activities listed are: reading library books; listening to stories on records; and drawing.

Space is provided for the substitute teacher to comment in a general way about the day spent with these children. We believe that it is important for the children to know that we will be informed of the type of day they had. This helps us to know if a management strategy needs revision. An example of some of the comments recorded by substitute teachers are:

1. David was a little distressed with an upset which occurred during the A.M. recess.

2. The first hour and a half were the honeymoon hours. Cooperation and diligence were the traits exhibited after the first 'lets try the sub teacher session' was resolved.

3. Things weren't quite so harmonious after recess. Nicky attempted to argue and boss both myself and the other students.

Natural Healing Techniques - April 27

Every teacher is encouraged by the Assistant Principal to share with the other teachers in EDCU the approaches and strategies they have found successful in coping with severely disturbed children. At a prior divisional meeting one of the teachers distributed an outline of Behavior

Modification techniques. Today Noreen is going to describe her "Natural Healing Techniques" approach to the emotionally disturbed children she teaches. "We influence youngsters by the atmosphere in which we teach them and also by the specific activities in which we engage" she said. She also informs us that most of her ideas and techniques had been tested out with her own family and that she brought them into the classroom to test out their effects on emotionally disturbed youngsters. She invites us to react and to provide her with feedback.

Noreen tells us that mood can be set by the way we utilize the physical and emotional setting of a space. She strives to set a natural environment, using pyramid energy, occasionally using music, and creating a deliberate human mood. During the early autumns and late springs, she takes her class to the hospital courtyard for a late morning class period. "Usually we've sat on the grass and we have done a variety of school tasks such as individual work in spelling, reading, grammar, writing, speech and social studies", she states. But most of all "We have appreciated the fresh grass, sunshine, and feel of the grass underfoot. We would like to do this more often during the fine weather but because of the practicalities of recess and noon routines on the wards, we've limited ourselves to a single school period."

Appreciation of the outdoors by the youngsters led Noreen to try to create a simulated natural environment

indoors despite the un-openable windows, fluorescent lighting, and closed heating and air-conditioning system. She describes how she uses the sunshine that streams in the full windows on the side of her classroom which overlooks the courtyard, by growing plants. "These plants help replenish our supply of oxygen, bring the outdoors in, and teach us some botany," she adds. She keeps bottles of water for water-sipping, herbal teas, plant watering. The aquarium evaporates moisture into the air, alleviating the dryness caused by the heating system. "Occasionally the youngsters or I bring in favourite natural objects such as a bird's nest, rocks from a beach, shells from the ocean, or pieces of driftwood to touch and look at" said Noreen. These objects serve as springboards for talking and writing about favourite real and imagined natural places and various outdoor activities. "Sometimes we've made excursions to favourite local, natural places such as Elk Island and the Game Farm."

Informality is encouraged in this classroom and includes being comfortable while working. Therefore, "we use pillows to make our desk chairs more comfortable and occasionally the youngsters have chosen to work on the rug". Music and colour, also, if effectively used, can create a learning environment. With colours, different hues have different effects, for example, red stimulates activity, blue cools and calms, and yellow stimulates the brain. "As for music", said Noreen, "rote-work and math seem to be done

well to rhythmic, quiet, familiar songs or classical music using a single instrument". Creative activities seem to go well with dramatic music or popular songs. She tells us that she has noticed that rhythmic, complex music changes the mood of a class from "tired and grumpy to energetic"; and that soothing music changes the mood from "spinny and dissonant to calm and relaxed". The music also lessens the external noises of youngsters and adults in the hallway.

She emphasizes that "systematic use of colours, based on my personal research, work done elsewhere, and the informal observations at Glenrose" could be an excellent way to produce appropriate atmospheric conditions for good learning.

Howard questioned Noreen about taking the children to the courtyard. "How do you keep them from getting distracted? And Jeff passed a comment about being so comfortable that he would be sure to fall asleep. But some of the staff were going to give it a try.

Evaluation of Students - May 5

At today's divisional meeting the Assistant Principal informs the teachers that they should test each child shortly after admission as well as at specified times throughout the year. While a few of the teachers are in favor of this procedure others are opposed. One objects because it places an unnecessary burden on a child who has just been through a series of assessment tests. Several

teachers state that any assessment of an emotionally disturbed child is suspect. The reasons cited are:

1. The child may be too disturbed to cooperate.
2. He does not wish to cooperate.
3. He is frightened, angry or indifferent to the testing/testor.

Another teacher comments that frequently the information obtained at the education assessment may not accurately reflect the student's capabilities.

Mr. Uniac extends an invitation to the Education Assessment team to attend the next divisional meeting and describe the different tests they administer.

Placement of Students - June 9

September placements for the students returning to the EDCU are to be decided at today's divisional meeting. The teachers talk freely about whether their classroom would be the most suitable placement for a particular child.

One teacher stresses the fact that we must not allow our views on "labeling" to interfere with a just and honest appraisal of a student. He adds that it is not beneficial to the child if he is shielded by well intentioned adults. This may only delay receiving proper treatment.

Another teacher inquires of the Assistant Principal whether or not it is feasible to suggest that a specific time, such as September, January or Easter, be adopted as a policy for admission of new students to the program. This

idea receives support when another teacher mentions the havoc wreaked on the class when students arrive just anytime.

Special Occasions - June 9

It is in keeping with the Glenrose tradition that the teachers' search for "better alternatives" is continuous. The books of essays describing the various strategies employed by the teachers in their work with handicapped children, as well as the Hospital Minutes support this view. For example, the September 1967 Hospital Minutes record that "a closed circuit television will be installed in the school hospital on a trial basis for observation purposes"(No. 7). According to these minutes both the education staff and the medical staff considered it essential for the staff to be able to watch the reactions of the children in a medical setting. This venture obviously did not serve a useful purpose for by January, 1968, the staff in EDCU requested its cancellation. At this Board Meeting, the Administration received authorization to proceed with a feasibility study on the cost of remodelling the classroom areas on the third floor of the School Hospital in order to provide observation facilities.

It is in this spirit, no doubt, that Glenrose began its first yearbook; its first Awards Day; Sports Day; Swim-in Day and finally in 1976 its first Appreciation Day - a day just for the students in the EDCU. The purpose of this day

is contained in the following excerpt from a letter the principal sent to the parents of each student in EDCU program:

> You are cordially invited to attend our annual Appreciation Day activities. It is on this day that we formally recognize the achievements or strengths the students have shown during this school year.

The activities referred to in this letter are the presentation of awards, entertainment by the Glenrose Choir and refreshments in the Glenrose Courtyard. At this occasion, the teachers in EDCU present a special certificate to each child. Some of the areas in which a child is recognized are:

Academic Improvement
Diligence
Courtesy and Congeniality
Cheerfulness and Cooperation
Arts and Crafts
Penmanship
Creativity and Imagination
Improvement in Attitude
Athletic Ability
Special Interest in Hobbies

One of the main purposes for this day is to insure that each child receives some special form of recognition.

Awards Day - June 8

Each year the education department holds an annual awards day to honour its outstanding students. All children attending the school hospital are eligible for one or other award. The categories for these awards are follows: a Student's Union Trophy is awarded to the student judged by his peers to have made the most significant contribution to

student welfare; a literary award is presented by the Edmonton Public School Board, an outdoor education award is presented to a student from the physically handicapped children's unit and to a student from the emotionally disturbed children's unit. The winners of the Outdoor Education award must show an interest in the outdoors and exhibit or demonstrate an understanding of the skills taught in the Outdoor Education Program. The Dr. J. E. Bradley Citizenship Award is presented annually to the junior/senior high school student chosen by the faculty as the "best school citizen of the year". The qualities of good citizenship are manifested by "diligence in studies...a spirit of cooperation towards fellow students and staff...a willing participation in all activities" and a positive attitude toward life. (Awards Brochure).

If a teacher recommends that his student should be considered as deserving of an award, he is invited to attend a special meeting of the Awards Committee and present reasons why this student is to be considered worthy. One year, two of the teachers in EDCU submit names. Each is seeking the coveted "Good Citizenship Award" for a student. At the committee meeting, I note that some of the committee members are hesitant about considering an EDCU student for this particular award. Some of the objections are: many of these EDCU children have reputations to live down; some have been in conflict with the law and some have been expelled from their regular school. The teachers present their

specific reasons as to why these two particular students should be considered for this award. One teacher states that if manifested self respect and respect for others is a hallmark of a good citizen, then Bradley is eligible. The teacher emphasized that the present behavior of this student, rather than the behavior which brought about his admission to the program, should be the determining factor in whether or not he should receive this particular award.

The committee receives the presentations made by the two teachers. They are familiar with the students involved and agree that they are both exceptional. Both students receive the Award.

Research - A Tradition

The role of teacher as "researcher" is tradition at the Glenrose. Briggs(1975) writes "every year since the School Hospital was organized, teachers have been encouraged to submit reports covering special projects, experiments and research" (p. 1). The contribution made by the EDCU teachers to this compilation of submissions, however, is minimal. The Glenrose Newsbreak (1975) records that:

> The EDCU teachers are developing a standardized rating scale to measure the total functioning of a student in terms of his readiness for, and ability to cope with, a regular school setting. When completed, this will be a valuable tool in determining both placement and potential for EDCU students (p. 9).

May 15

The three of us, Edna, Dick and myself who were involved in the Three Phased Program continue to search for "better alternatives". Informal meetings are conducted during recess. The principal encourages this interest by her active support. My diary contains the following jottings from one of the informal meetings:

> Met with the principal, Miss Prenevost, during noon hour. I explained to her our (EDCU) interest and concern about improving and keeping abreast of latest research related to emotionally disturbed children. We also discussed the importance of basing any changes made on research as well as on experience.

Two weeks later, I again meet with the principal and outline the proposed method of data collection. She points out that as a teacher in EDCU I have access to all documents: child's master file, education file which contains copies of such reports as education assessment, individualized education programs, progress reports, discharge reports and file notes. She recommends that the teachers be approached for permission to use their individualized education programs. She also informs me as to the location of the Master Files for EDCU.

Each of the teachers in the unit is approached and presented with a brief resume of our proposed research. We inquire whether they will consider sharing with us their education programs or other materials which may assist us in obtaining more information about the children admitted to the unit. Within the week Barb approached me with a request.

"Would you consider doing your University research on our unit?" (I was currently enrolled in two half research courses at the University of Alberta in Education Administration Department). She is confident that the teachers in EDCU will gladly help out in gathering any data required. "We discussed this among ourselves yesterday," she said. The proposal is agreed to, and that afternoon the research project is discussed at our weekly Divisional Meeting.

An excerpt from my diary reads as follows:

> December 1, the research project was discussed this afternoon at our divisional meeting. Noreen volunteered to act as "liaison person" between the Assistant Principal and the third floor staff. Although he seems to entertain reservations about this project, the Assistant Principal is willing to lend support. We are an enthusiastic crew. My colleagues are eager and willing to do their share of the research task.

As a result of this meeting, the number of participants in the research increases from nine to eleven. The Physical Education teacher and the Industrial Arts teacher offer to help in whatever way they can. Before we can begin, however, we have to resolve problems associated with the word "research". To most of us, it automatically elicits the term "control groups" and this is something we consider impracticable for our particular purposes. Mayer, Richman and Balcerzak(1977) in Group Care of Children: Crossroads and Transitions observe that research with emotionally disturbed children is seriously complicated by a lack of uniformity of terminology and by the difficulty encountered

in establishing adequate controls (p. 317). The latter disconcerts us until I read a report about the EDCU program, submitted by the Executive Director of the Glenrose Hospital to the Board of Management (1972) in which he states:

> The evaluation of this program is not easy. It is not possible to find suitable "controls", and the spontaneous recovery rate of children with behaviour disorders is sufficiently high for this to be most desirable. On the other hand, all children admitted to the program here have according to our admissions policy exhausted all other community resources. Thus in a sense they could be seen as their own controls if their state prior to admission is compared with their state at the time of discharge and, more importantly, with their state at follow-up (p. 45).

Informal Research by Staff - January 15

As an informal research team, our first task is to establish who will comprise our "population". We are concerned about having a random sample because the numbers from which to choose are small(197). Also, Metz(1978) in Classrooms and Corridors states that findings of a study based on a random sample without replacement could not be generalized to the population and that inferences could not be made. After a discussion on this issue, the teachers decide "that regardless of whether we could generalize to the population or not, we ourselves could still learn a great deal in the process of finding out about our students." We prepare many lists of things we must do. The following is a sample of such a list:

1. List names of students using Classroom Registers for the school years 1975-76; 76-77;77-78.
2. Cut the names and place them in a container.

3. Draw a random sample of 24 names.

4. Assign a code number to each student, record code and name and place in a sealed envelope in school file.

Our "things to do" list outline areas of research and provide a guide for perusal of files.

1. What is emotional disturbance?

2. Do our students referral patterns begin with the school?

3. Are our students intellectually capable but academically below expectations?

These are but a few of the questions which concern us. The individual studies are described in the following section.

Study 1 - Emotional Disturbance

Various terms are used to denote an emotional disturbance. For example, emotional maladjustment, mental disorder, psychosocial disorder are but a few. To some people emotional disturbance means any type of psychological or emotional disorder.

Reinert(1980) states that although the term emotional disturbance was not used until 1900, history has long recorded human attempts to understand the conditions and behaviors that may be subsumed under that label(p. 11). Hippocrates(circa 460-351 B.C.) a Greek physician recorded detailed descriptions of disturbed states such as hysteria, melancholia, and psychosis. In early Greece individuals whose behavior was considered different were viewed as evil

and a menace to society. By the nineteenth century, however, the definition of emotional disturbance as an illness of the mind became firmly entrenched, and physicians looked for common symptoms as clues to the origins of mental illness. In texts written in the late ninteenth century various mental disorders were attributed to heredity, degeneracy, overwork, sudden changes in temperature and a preoccupation with religion (Kanner, 1962). Hobbs(1966) defines disturbed children as "those who had learned some nonadaptive ways of relating to others", based on the assumption "the child is an inseparable part of a small social system, of an ecological unit made up of the child, his family, his school, his neighbourhood and community (p. 1108) Others (Hewett, 1968; Bandura & Walters, 1963; Woody, 1969) define an emotionally disturbed child as a child with maladaptive behavior and unable to adjust to socially acceptable norms for behavior.

A commonality in many definitions is that the existence of the condition or state of emotional disturbance must be inferred from behavior.

Study 2 - Incidences

In the literature it is observed that children admitted to treatment centres for emotionally disturbed children are predominately boys (Bower & Lambert, 1962; McCaffery & Cumming, 1967).

The teachers in EDCU listed the number of students admitted to the unit between September 1975 and November 1979. Of a total of 248 admissions, 14.9 percent were girls and 85.1 percent were boys.

Study 3 - Diagnosis

In a hospital setting the word "diagnosis" is commonplace. In A Comprehensive Dictionary of Psychological and Psycho-Analytical Terms (English & English, 1958), the term diagnosis is defined as "any classification of an individual on the basis of observed characters" (p. 150). Hobbs(1975a) explains that "by diagnosis we mean the analytic and descriptive process engaged in by a professional person for the purpose of defining the etiology, current manifestations, treatment requirements, and probable future course (with or without treatment) of a child's problems" (p. 43). Engel(1969) states that diagnosis is the work of explanation and must not be confused with classification, that is, with naming or labeling, which is merely the assignment of a label. The latter does not constitute a diagnosis because "there is still no formalized explanation of the origins and nature of his(the child's) difficulties" (p. 234). Menninger(1974) claims that "to diagnose is to differentiate, to distinguish, to designate (p.36).

The teachers worked together to examine the current journals and books to determine if a diagnosis had any

relevancy for the teacher. This literature review pointed up the fact that diagnosis is a much more involved procedure than we had anticipated, and that as a group we had viewed "diagnoses" as being a fixed label. The different diagnosis for 24 subjects from a random selection of children admitted to the EDCU treatment unit between 1975 and 1978 are:

Adjustment Reaction of Childhood
Behavior Disorder of Childhood
Borderline Psychosis
Depression
Deprived
Emotionally Unstable
Hyperkinesis
Learning Disorder
Manic-depressive
Rejected
School Learning Problem
Unsocialized delinquent

The literature related to diagnosis and labels was reviewed. The findings are as follows: Engel(1969) claims that a "label brings with it neither directives for specific interventions nor explanations of the illness" (p. 233). Gardner(1974) states that "diagnostic labels such as emotional disturbance, learning disability, and minimal brain dysfunction, do not explain why a child has difficulty in tasks requiring visual-motor skills or in maintaining composure when confronted with frustration...or has trouble learning to read" (pp. 10-11). A study by Shevin(1976) in which the medical and school records of 26 children were examined in an attempt to determine some of the factors which lead to various diagnoses such as hearing loss, mental retardation, brain damage, and emotional disturbance, revealed that the diagnoses of the children were largely

noncontributory to effective intervention.

The literature suggests, also, that diagnostic terms which emanate from other professions have practically no value in assisting educators to make educational decisions. Reger, Schroeder, and Uschold(1968) assert that "grouping children on the basis of medically derived disability labels has no practical utility in the schools" (p. 19). Becker, Engelmann, and Thomas (1971) state that for the most part, labels are not important because they rarely tell the teacher "who can be taught in what way" (p. 436). Cruickshank(1977a) claims that:

> the diagnosis of specific brain injury is not unimportant, but it is less important than developing a careful description of the child -- how he behaves, what his learning characteristics are, and what his potential level of function is...because it is with the characteristics of the child that educators, psychologists, and others who are involved in habilitative programs and therapy must deal (p. 5).

Conclusions

Diagnoses involves much more than a name such as "depression", therefore, knowing that a child has such a diagnosis does not help the teacher to plan his educational program.

Study 4 - Referrals

The purpose of this study was to determine the source of the initial referral of a child to a clinic, a psychologist, or a psychiatrist.

Method

Analyzed master files of a random sample of 24 students admitted to the EDCU.

Results

The findings are:

50 percent of the referrals are school initiated.

41.7 percent of the referrals are family initiated

8.3 percent of the referrals are initiated by Social Services.

Conclusions

The greatest number of referrals are initiated by the schools. This may indicate that some children are unable to cope with the structures imposed upon them in a school setting.

Study 5 - Literature Review - I.Q.

The literature review was initiated to determine if intelligence quotients of emotionally disturbed children are lower than those of their "normal" siblings. the normal curve as presented in the WISC-R Manual(1974). The author reviewed relevant literature. The findings are: Granick (1955) reports that there is no significant difference between a control group of 10-year-old children with mild emotional instability and a control group on the scores of a Stanford-Binet Form L test. Rutter (1964) concludes from studies conducted with neurotic children that intellectual

disturbance is a relatively minor factor in the etiology of childhood behavioral or neurotic disorders. Wolf (1965a, 1965b) reports that when he compared the performance of children with a diagnosis of neurosis or personality disorder, with the performance of their normal siblings, there was no significant difference either on level of intelligence or on school grades.

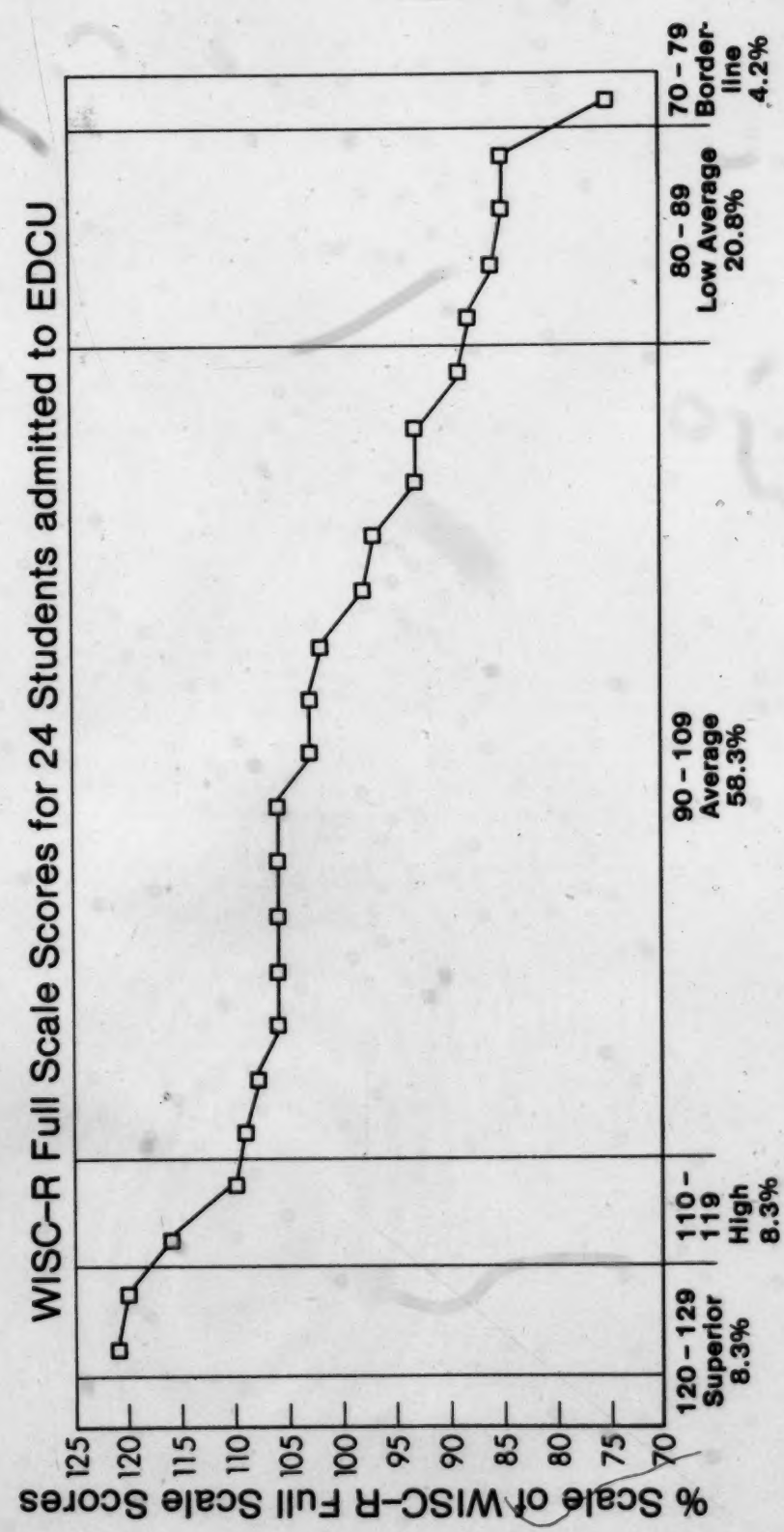
Method

Recorded the full scale WISC-R scores for a random selection of 24 students admitted to the EDCU. Scores were placed on a graph indicating the I.Q. ranges indicated in the WISC-R manual(1974). The ranges noted were: superior(120 129); high average(110 - 119); average(90 - 109); low average(80 - 89) and borderline(70 - 79).

Results

The results of the study indicate that:

1. 8.3 percent of the students registered in the superior range, with full scale scores between 120 - 129.
2. 8.3 percent of the students registered in the high average range, with full scale scores between 110 - 119.
3. 58.3 percent of the students registered in the average range with full scale scores between 90 - 109.
4. 20.8 percent of the students registered in the low average range, with scores between 80 - 89.
5. 4.2 percent of the students registered in the borderline range with full scale scores between 70 - 79.


WISC-R Full Scale Scores for 24 Students admitted to EDCU
% Scale of WISC-R Full Scale Scores
125
120
115
110
105
100
95
90
85
80
75
70
120 – 129 Superior 8.3%
110 – 119 High 8.3%
90 – 109 Average 58.3%
80 – 89 Low Average 20.8%
70 – 79 Borderline 4.2%

Conclusion

Since the intelligence quotients of the children admitted to EDCU (N=24) follow the theoretical curve according to the chart contained in the WISC-R Manual, it may be assumed that children with an emotional disability may be as intellectually capable as their "normal" siblings.

Implications for Teachers

For the most part teachers of an emotionally disturbed child can adhere to the regular curriculum, making modifications according to the individual needs of the child.

Study 6 - Behavioral Clusters

This study was initiated because of interest in an article entitled "The Educational Implications of Five Behavioral Clusters" by David Daughton and A. James Fix(1978), who state that:

> Single behavior rating systems seldom tell us anything of relevance for diagnosing a possible disorder or for implementing remedial procedures. What is needed is a description of patterns of behavior, that is, behavioral traits made up of several individual underlying descriptive actions of children or adolescents...knowing that certain behaviors tend to be seen in children together with specific emotional disorders and learning problems can help us...to form specific intervention plans for them (p. 37).

Method

The list of names from which to draw a random sample of 24 students was obtained from classroom registers and

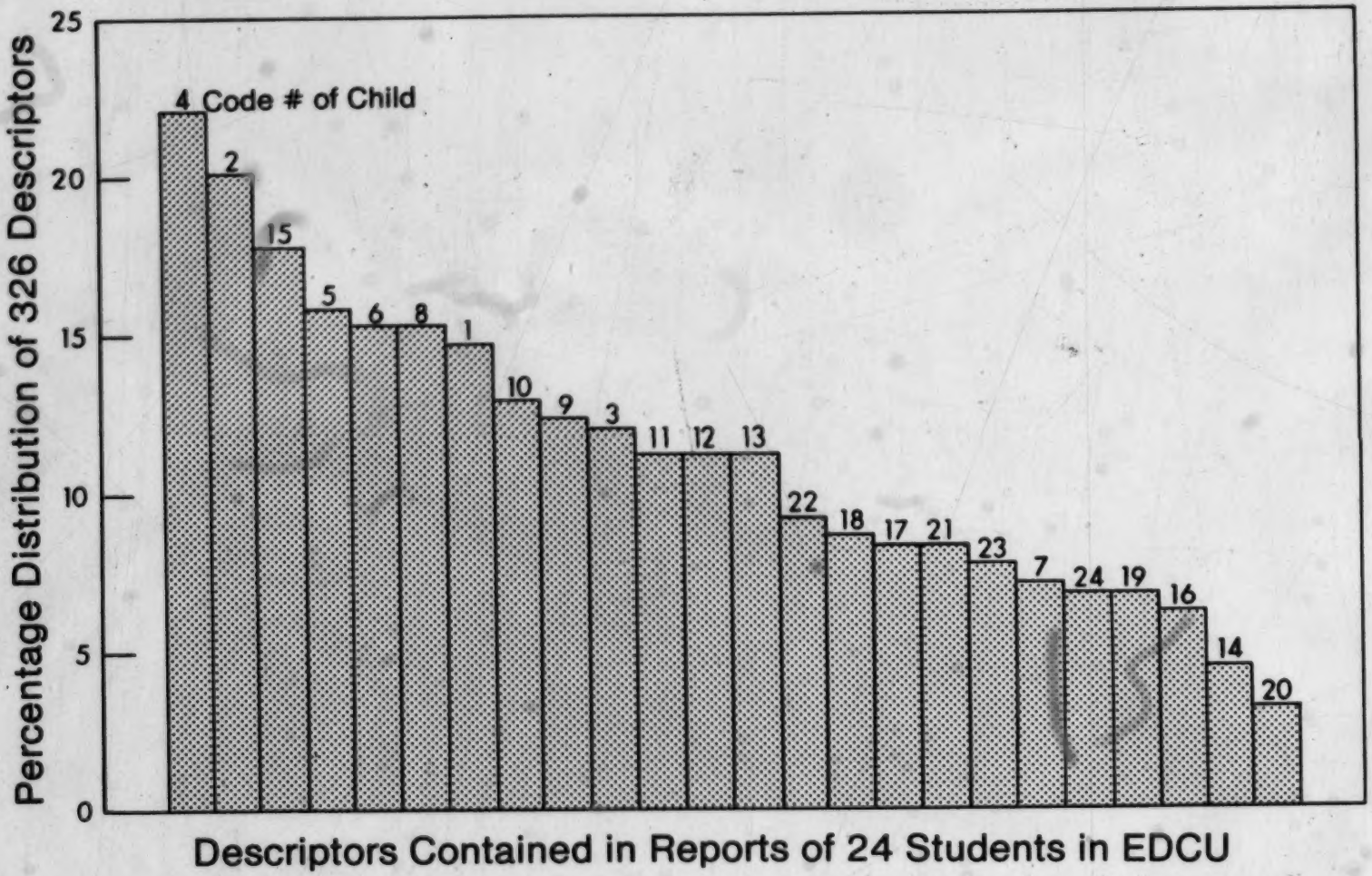
summary register sheets submitted to the school administration office during the years 1976 - 1979. The master files of these students were divided evenly among three teachers. The files were analyzed to obtain a list of descriptive words used in the various reports, to describe the child. A descriptive word was recorded only once per file. The words were listed under a code number representing a student.

The frequencies of reoccuring descriptions are as follows:

FREQUENTLY REOCCURRING DESCRIPTORS	
Aggressive	79%
Hyperactive	75%
Disruptive	66.6%
Steals	62.5%
Anti-social	54.2%
Distractible	54.2%
Tantrums	54.2%
Anxious	50%
Low Self Esteem	50%
Poor Peer Relations	50%
Restless	50%
Talkative	50%
Controlling	45.8%
Frustrated	45.8%
Depressed	41.6%
Stubborn	41.6%
Attention-Seeking	41.6%

Results

1. 85 percent of the 326 descriptors recorded were used in the description of 5 children.
2. 15 percent of the descriptors recorded were used in the description of 18 children.
3. 5 percent of the descriptors recorded were used in the description of 14 children.


Percentage Distribution of 326 Descriptors
25
20
15
10
5
0
4 Code # of Child
2
15
5
6
8
1
10
9
3
11
12
13
22
18
17
21
23
7
24
19
16
14
20
Descriptors Contained in Reports of 24 Students in EDCU

Conclusion

A greater number of descriptors were used to describe certain children.

Implications

1. To be aware that some children may engage in overt behaviors that are easy to describe.
2. To avoid equating seriousness of disorder with quantity of descriptors used to describe a child.
3. When reading reports ask such questions as:
   a. Do the writers of these reports use words indiscriminately?
   b. Are the writers unduly influenced by other reports contained in a child's file?

The descriptors obtained in the study "Behavioral Clusters" were compared with the descriptors used in a study conducted by Quay & Werry(1980) in which certain characteristics are associated with a specific disorder. For example, the characteristics associated with a "socialized-aggressive disorder" are:

Has "bad companions"
Steals in company with others
Loyal to delinquent friends
Belongs to a gang
Stays out late at night
Truant from school
Truant from home (p. 21).

Results

The characteristics, as determined by the descriptors used in describing each student, indicate that the students considered in our sample may be classified under the heading "Conduct Disorder" with the majority being in this bracket. The next highest group were those whose characteristics classify them as belonging in the "Anxiety-Withdrawal Group". Only 5/24 students had descriptors characteristic of the "Immaturity Classification" and none of the students had descriptors that belonged in the "Socialized-Aggressive Disorder".

Conclusions

1. The majority of children admitted to EDCU have a conduct disorder.
2. The teachers can incorporate the techniques suggested by Quay (1975) for conduct disordered children into their strategy plans.

Study 7 - Hyperactive and Depressed

The list of descriptors used to describe both hyperactive and depressed children totalled 231 out of the 326 words selected from the reports of a random sample of 24 students. Of this number 106 were used to describe the students (4/24) who were diagnosed as "depressed". Of the 326 words, 125 were used to describe the students (5/24) who were diagnosed as "hyperactive". Of the total number of words used to describe both groups, 43 are used exclusively

FREQUENTLY FOUND CHARACTERISTICS DEFINING CONDUCT DISORDERS

Characteristic	Studies	Total
Hyperactivity	1,2,4,5,6,8,9,11,13,14,15, 16,17,18,19,20,21,22	18
Disruptive, interrupts, disturbs	1,3,4,5,6,8,10,11,12,13,15, 16,20,21,22,24	16
Steals	1,2,3,4,5,8,9,11,12,13,15, 17,20,23,24	15
Distractibility	1,2,3,4,5,6,7,10,11,13,16, 17,19,20	14
Fighting, hitting, assaultive	1,2,4,5,6,7,9,10,11,12, 15,22,24	13
Temper Tantrums	1,2,3,4,5,6,8,13,16,17, 18,21,23	13
Restless	1,3,4,6,7,8,9,11,14,15,19,23	12
Profanity, Abusive Language	2,3,5,6,7,8,9,11,13,15,19,23	12
Destructiveness	2,3,4,5,8,12,13,17,20,22,23	11
Attention Seeking	7,8,9,10,12,13,16,21,22,24	10
Untrustworthy, dishonest, lies	4,5,6,10,11,13,17,18,23	9
Disobedient, defiant	2,3,4,5,9,11,12,23	8
Negative, refuses direction	1,2,5,8,10,12,14	7
Uncooperative, resistive, inconsiderate	3,5,8,9,12,18	6
Dominates others, bullies, threatens	1,2,4,6,8,10	6
Inattentive	1,3,6,8,12	5
Pouts and sulks	2,4,8,9,12	5
Boisterous, noisy	2,4,6,15	4
Irritability, "blows up" easily	4,13,18	3
Quarrelsome, argues	4,5,22	3
Irresponsible, undependable	6,13,15	3
Jealousy	4, 9	2

FREQUENTLY FOUND CHARACTERISTICS DEFINING ANXIETY-WITHDRAWAL

Anxious, fearful, tense	4,8,10,11,13,14,16,17,19, 21,22,23,24	13
Depressed, sad disturbed	1,2,7,10,12,13,15,17,18,19,24	11
Withdrawn, seclusive, friendless	1,2,4,5,6,10,12,15,24	9
Lacks self-confidence	1,3,12,17,21	5
Aloof (loner)	2,6,15,16,18	5
Shy, timid, bashful	1,5,8,11	4
Cries frequently	5,4	2

in the description of the students diagnosed "depressed". These words are: dawdles, defeated, deprived, despondent, discouraged, dissatisfied, domineering, driven, fantasizes, fearful, fidgets, flighty, hoards, hostile, impatient, impoverished, inattentive, inconsistent, mood swings, nuisance, passive, pathetic, preoccupied, punches, quiet, refuses, resistive, sensitivity, stimulated, subdued, sulky, tattles, timid, unconfident, unpredictable, untrusting, vulnerable, wary.

Study 8 - Type of Language Used

The purpose of the study was to determine the type of language used in the reports to describe the children with a specific diagnosis. Genotypic language and phenotypic language were the two criteria for sorting the descriptors.

Genotypic language attempts to explain behavior by reference to alleged subsurface dynamics and to describe what a person is. For example, the child is "disobedient". Classifying children with genotypic or dispositional labels diverts attention of educators from what can be done now and directly to help the child. A genotypic label is based on inference and "on elusive hypothetical conditions that promote a kind of endless scapegoating" (Smith & Neisworth, 1975, p.149). This allows the educator to find excuses for failure and blame the "condition" on some "deeper" (hypothetical) problem, historical incident, or poor home life (p. 149).

Phenotypic language describes what a person does (Stuart, 1970) and a behavioral or phenotypic approach focuses on identifying the problems of children, measuring them, and relating them to actual variables subject to manipulation for purposes of positive intervention.

Method

The descriptors used to describe children diagnosed as depressed were listed under the headings Genotypic and Phenotypic. The same procedure was followed to record the descriptors used to describe children diagnosed as "hyperactive".

Results

The results are as follows:

1. 65 percent of the descriptors used to describe the children with a diagnosis of depression were genotypic.
2. 35 percent of the descriptors were phenotypic.
3. 64 percent of the descriptors used to describe the children with a diagnosis of "hyperactivity" were genotypic.
4. 36 percent of the descriptors were phenotypic.

Conclusions

That genotypic language is used more frequently to describe children than is phenotypic language.

Implications for Teachers

In writing reports about these children, describe what the child does, rather than what a child is.

Study 9 - Educational Assessment

The purpose of this study is to compare the students' intelligence quotients with their grade level as noted on their education assessment reports.

Method

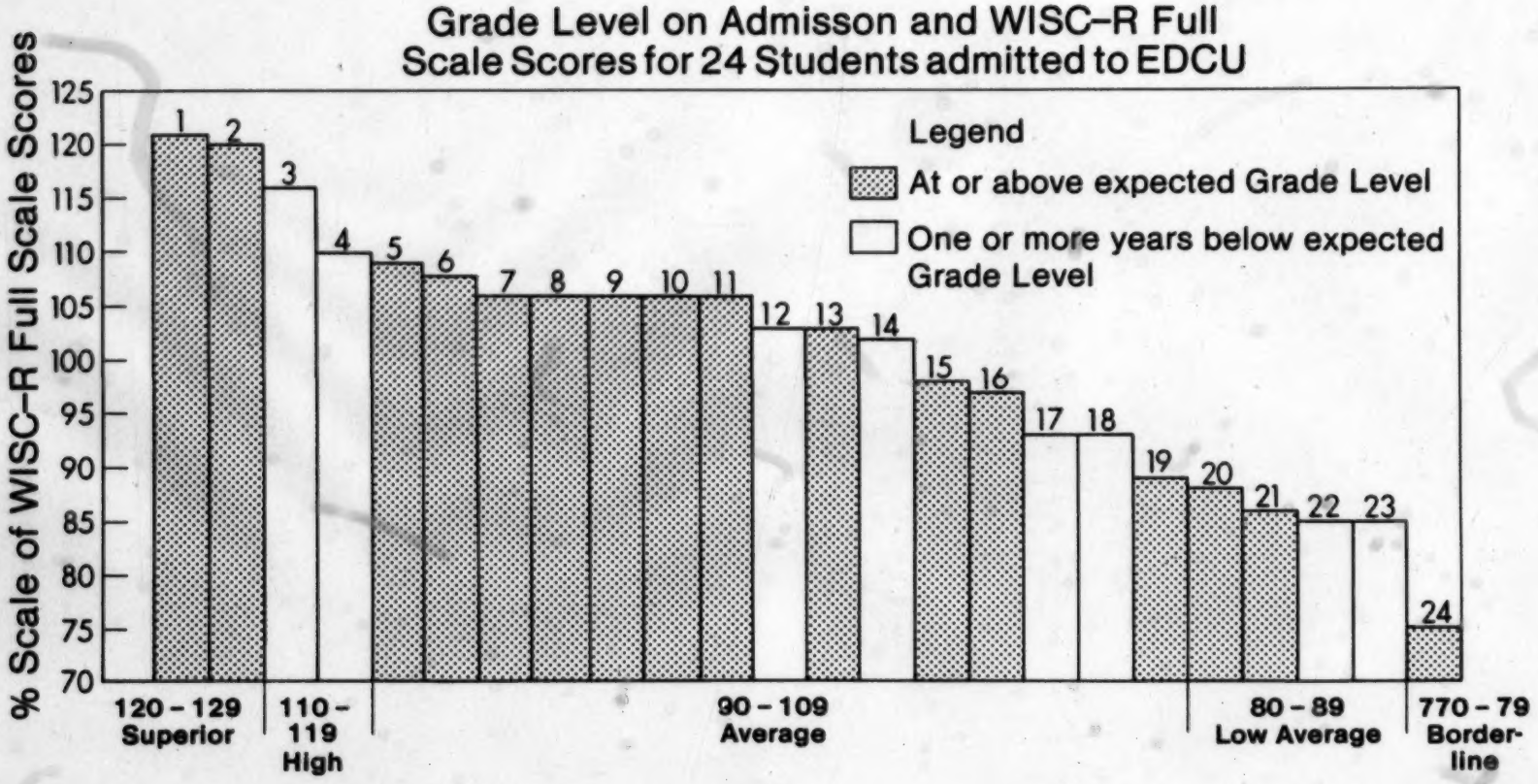
The Education Assessment reports for a random sample of 24 students admitted to EDCU between September 1975 and November 1978 were examined to obtain expected grade level of the child at referral and grade level as assessed by the Assessment Team. The information obtained was superimposed on a graph showing the full scale intelligence quotients for each student.

Results

1. 58 percent were at expected grade level on the basis of age, assuming that the student was six years of age in Grade One.
2. 41.7 percent were below expected grade level.
3. two students assessed as being below expected grade level, registered in the High Average I.Q. range.
4. a student who assessed as being at expected grade level, registered in the Borderline I.Q. range.

Conclusions

1. The student with an I.Q. in the High Average range but academically below expected grade level may be learning disabled.
2. The student with a borderline I.Q. but at grade level, may require to be re-tested in both areas, since this result seems to be contradictory and may indicate that the assessments are not representative of the


Grade Level on Admisson and WISC–R Full Scale Scores for 24 Students admitted to EDCU
% Scale of WISC–R Full Scale Scores
125
120
115
110
105
100
95
90
85
80
75
70
Legend
At or above expected Grade Level
One or more years below expected Grade Level
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
120 – 129 Superior
110 – 119 High
90 – 109 Average
80 – 89 Low Average
770 – 79 Borderline

student's capabilities.

3. The students with an Average I.Q. and academically below grade level may require a remedial program.

These issues were addressed by the EDCU teachers in their yearly objectives:

1. To supplement academic instruction with a remedial program in order to minimize the discrepancy between the individual's expected and actual level of achievement.

2. To provide for diagnostic analysis and periodic evaluation of a student's academic development based on system standardized tests.

Conclusions

This section demonstrated that research within the teaching unit promoted teamwork among the teachers. There was considerable sharing of ideas during divisional meetings. It was noted that while participation was encouraged by administrative personnel, the contribution made by the teachers were voluntary.

IX. Interactions of Teachers With Others

This section focuses on the interactions of the teachers with other members of the treatment team. The interactions observed are both formal and informal. The formal interactions are those which transpire because Hospital or School policy provide for their occurrence. Teachers assigned to the unit for emotionally disturbed children at the Glenrose School Hospital automatically become members of the multidisciplinary treatment team. To be recognized as such the teacher must assume the responsibilities which accompany this status, confront "the issue of collaboration and develop his own personal perspectives as a member of a multidisciplinary team" (Savage & Mooney, 1977, p. 328). The formal structures of the hospital assist the teacher in this role. Opportunities are provided when the professional staff can meet to exchange information. These occasions are considered as formal. The formal functions described below are: Hospital Orientation Days; Seasonal Professional Development Days and Multidisciplinary Conferences.

Hospital Orientation - August 31

It is late August. The teaching staff as well as co-workers from the various hospital departments such as psychology, nursing and occupational therapy gather in the School Hospital Auditorium for the annual "Hospital Orientation Day". The agenda for the hours between 0900 hours and 1200 hours is arranged so that each of the

department directors can present a brief overview of the role of his department. The opening remarks are made by the Clinical Director of the School Hospital. The pediatrician gives an informative presentation on the "Pre-School Programs". The Assistant Clinical Director, who is the psychiatrist in charge of the EDCU, describes its program for children and adolescents admitted because of an emotional disability. Everything is organized and scheduled so that each speaker has fifteen minutes.

The Assistant Clinical Director, Dr. Roth, informs us that any child between birth and eighteen years may be assessed but a child who does not have a parent or a guardian, or who has a parent or guardian who will not agree to work with the EDCU treatment team, regardless of the severity of his condition, will not be considered for admission. We are informed that annually approximately 85 percent of the referrals are admitted and that 15 percent are redirected. Also that the average length of stay is nine months. He stresses the following points:

1. Commonsense is an important factor in working with the emotionally disturbed child.
2. Love is not enough, professional skill is necessary.
3. Over-protectiveness must be avoided.
4. Opportunities for field trips and other outings must be provided so that the child can meet and cope with situations comparable to those he will encounter outside an institutional setting.

Dr. Roth talks very briefly about the approach used in EDCU as being one which requires a non-authoritarian structure.

The term "milieu therapy" is frequently used but its definition is not clear. The role of the key staff for each child is more adequately described. He discusses the type of relationship which ideally should develop between this key person and child. He emphasizes that while we should be empathic a "maudlin relationship must be avoided".

Professional Development Days

Professional Development days usually have a narrower focus than do the yearly Hospital Orientation Days. Sometimes these days are designed specifically to meet the needs of the teachers and frequently the EDCU teachers request permission of the principal to visit "outside schools". We wish to maintain close contact with colleagues in the regular school situation in order to better evaluate the accomplishments of our students.

At other times, the Hospital Administrative Assistant spearheads a professional development day to include all the professional staff at the Glenrose School Hospital. In a memorandum issued by the Principal to all Education Staff, it is noted that the teaching staff are to be involved in multi-discipline discussion groups and presentations at the next professional development day. The Administrative Assistant distributes questions to spur discussion. We are to choose the topic which appeals to us and in which we wish to participate. Some of the questions posed under topic headings are as follows:

1. Is there sufficient balance between sufficient help and too much help?
2. Can we improve on our preparation of children for discharge?
3. Do we need to improve our Interdepartmental communication?
4. Should we involve the parents more?
5. Can and should we do more in the way of follow-up?

While this effort to promote teamwork among the professionals is deserving of merit, some of the teachers in EDCU express concern that we are being deprived of the opportunity to attend inservices with emphasis on education. This concern lessens to some extent when the teachers actively participate in the professional development program. One such program had a session related entirely to the teamwork involved in treatment of a child diagnosed as "affectionless". Peter(1965) defines an affectionless child as one "with a defective personality [who has] little capacity to relate to others...lacks the capacity for anxiety or guilt...lies, steals and deceives at will and learns little from his experience" (p.78). This presentation includes a paper presented by a psychiatrist, a key staff and a teacher. The psychiatrist defines and describes the pathology of this particular group of children; the key staff describes his nursing approach and the teacher describes an educational approach.

A. Multidisciplinary Conferences

Multidisciplinary conferences which directly involve the teachers in EDCU are: admission conferences, progress conferences and discharge conferences. While these conferences are ongoing, there are specific times during the year when the teachers seem to be always "attending a conference", for example early in September and October and more particularly during the months of May and June. During the latter months preparations are being made for the discharge of the students to their community schools and the return of some children to the Glenrose program.

The teachers in EDCU are informed of these conferences by means of a progress report form (Appendix C) placed in their mailboxes in the office, by the Head Nurse or Key Staff, by the program coordinator for the unit, or as in recent years, by a typed list sent out from the school office. To describe the participation of the teachers in this aspect of their multidimensional role, a specific child is traced through the processes of screening, referral, assessment, admission conference, progress review, discharge conference and follow-up arrangements. To preserve confidentiality, names and dates have been altered. The subject of these meetings is a youngster named Greg who was referred to many agencies for assistance both before and after his first admission to the Glenrose program. The following conferences relate to his second admission to the Glenrose program. The rarity of this event may be inferred

from the following excerpt from a letter written by a department representative in respect to Greg. It reads:

> We are not a long term treatment centre but a realistic appraisal of Greg's anticipated needs in the forseeable future may compel us to re-evaluate our program with regard to Greg and other children with similar difficulties.

Referral of Greg - December 17

In December Greg was admitted to a general hospital in the city because of school related problems. He was described by his teacher as "destructive, quarrelsome, rebellious...and unable to keep his seat". The Glenrose facility was filled, therefore, the psychiatrist discharged Greg with a diagnosis of hyperkinesia and sent him back to school with the hope that he would be able to cope. Within a few weeks of his return to the regular school system it became apparent that Greg's problems in the classroom had not significantly improved. His psychiatrist, anxious to have Greg assessed for the Glenrose Program, sent a referral letter to the Assistant Clinical Director of the Glenrose School Hospital, who screens the application and then presents it to the Administrative Assistant.

The Administrative Assistant then forwards an application form to the parents. She informed the author that the completed and signed form would indicate to her that this assessment is the wish of the parents/guardian. Upon receipt of the signed application form, the Administrative Assistant contacts each department involved

and arranges an assessment time. Upon completion of this phase of the assessment process the parents receive a letter of confirmation. Each department represented on the multidisciplinary assessment team, receives a schedule.

Assessment of Greg - December 22

Greg is scheduled for assessment on Tuesday. His parents accompany him to the hospital but once there Greg is cared for by the staff on Nursing Station 302. His Key Staff assigned to look after him accompanies him to the various assessment areas. This assessment procedure which begins at 0830 hours, consists of a complete physical examination by the resident pediatrician as well as a psychiatric examination. Other departments such as Occupational Therapy, Psychology, Social Services and Education assess Greg and prepare written reports and appropriate recommendations. These are submitted to the Clinical Director or his designate on Friday at the Admission Conference. At this conference, the multidisciplinary team composed of departmental representatives and invited guests, as well as the teacher in whose classroom he might be placed, receive a verbal report from each member of the assessment team. At this meeting, the teacher is the recipient of information. This information may assist him in making a decision as to whether or not his classroom is the best possible placement for this child.

Admission Conference - January 7

Greg is on the agenda for today's admission conference. The representatives of the various departments concerned gather in the psychiatrist's office. They briefly acknowledge each others' presence. Most of the participants are reviewing their notes. This morning the following team members will decide upon Greg's acceptance or non-acceptance into the Glenrose Program:

Dr. G. Rolff - Department of Psychiatry

Dr. D. Hicknell - Department of Medicine

Mrs. J. Moylan - Department of Psychology

Mr. B. Bernardo - Department of Occupational Therapy(Rehabilitation Medicine).

Mrs. M. Box - Social Service

Mrs. J. McDonald - Nursing Department

Mr. H. Uniac - Assistant Principal, Education Department

Miss Drowski - Bureau of Child Study

This is a serious conference because an exception is being made to the "unwritten rule" that a child is rarely readmitted to the EDCU Treatment Program. At this meeting the chair person, who is the psychiatrist from Nursing Station 302, will inquire of the multidisciplinary team, if, in their opinion, the Glenrose Program will benefit this child. If the members of the team are convinced that the program has a definite contribution to make, then the child is admitted. Although the psychiatrist in charge of EDCU may veto a team decision, I have not witnessed such an occasion.

The psychiatrist informs the team of the rationale presented by the referee regarding Greg's reassessment. He then calls upon each of the team members to present his report and recommendation. The submissions by the various departments are frequently presented in the following order:

1. Social Services
2. Medicine
3. Psychology
4. Occupational Therapy
5. Nursing
6. Education

Few comments are interjected between reports.

Social Service Report

Within a period of five years, Greg has been transferred to three different schools and has been readmitted twice to a treatment division in a general hospital and admitted once to the Glenrose EDCU program. The mother tends to be overly-protective of Greg, who has been a difficult child from infancy. He was often awake two or three times nightly. "The parents tell me that the planned behavior modification program provided by the school is ineffective", she states. She concludes with the comment that she is of the opinion that these parents "will use contact with child care and nursing staff appropriately."

Medicine

The pediatrician reports that Greg was adopted at eight days of age and that he was physically active to an excessive degree. His language development, however, is "reportedly slow". Greg's handwriting reflects his poor fine motor co-ordination and geometic figures are completed in a clumsy fashion, possibly indicative of some degree of organic dysfunction.

Psychology

Psychology reports that Greg exhibits weakness in fine motor functioning and that it appears that he is more capable than his work indicates. The psychologist expresses the view that "too many allowances have been made for him in the past". She, too, notices that his test behavior is undisciplined and that he is in need of firmer limits. His WISC-R scores indicate that he is in "a superior level".

Occupational Therapy

The occupational therapist reports that Greg presented as a clean, tidy and well-cared-for boy of average size. He notes that Greg has problems in fine eye/hand co-ordination, poor motor control and that his organization skills are poor. He displays perceptual problems in the following areas: visual motor areas, especially in figure ground problems and cutting. His drawing of a human figure is immature and incomplete. He is very distractable.

Nursing

Nursing reports that the parents are generally verbal and cooperative but seem rather defensive during the assessment. Concern is expressed about the parents' limited insight into the problems and their tendency to "blame" the nursing staff for Greg's past difficulties.

Education

The Assistant Principal presents the following assessment report prepared by the Education Assessment Team. It states that during assessment Greg fidgeted, squirmed, grimaced, talked to himself, hummed, whistled and generally had difficulty maintaining attention on presented tasks. He did, however, attempt to do what was asked. He scored about two years below age expectations in both reading and spelling. His mathematics score was likewise low but this was attributed to his inability to stay on task. It was noted that his previous teacher at the referring hospital had stated that if required to, Greg is able to work at a good grade 5 level in mathematics. She feels, however, that he is very manipulative and often denies he can do work at his ability level. He requires very firm limits to help him control his behavior and complete the required assignments. A small, highly structured class with careful remediation is indicated.

One of the education department assessors notes in her report that during the session Greg displayed short

attention span and poor concentration. He professed an attitude of indifference and mild resistance by yawning, fidgeting, stretching, humming and singing questions and answers. Many tasks were approached with the comment, "this is easy", even if he was unable to do it correctly. Because of his apparent lack of effort and disinterested attitude it is difficult to assess the accuracy of test results. It is obvious in the one-to-one assessment that Greg would have extreme difficulty meeting classroom requirements. The Assistant Principal expresses the view that readmission to a small structured class at Glenrose may serve to provide for his immediate needs. Nonetheless, he still entertains doubts, because he concludes his presentation with the comment, "Since his previous stay produced no lasting results, there may be little that we can do to help him cope in the long run". Usually the Assistant Principal is able to conclude his assessment report with: "I think we could provide an appropriate program for this youngster".

The designated representative from the school system expresses concern over the fact that this student had been discharged in the middle of the year, when integration into a class is difficult. School placement at such a time, likewise, poses a problem. In this instance, Greg had to be placed in a school which was a considerable distance from his home. She feels these factors contributed to the difficulties Greg experienced after his first discharge from the Glenrose program.

Summary by Psychiatrist

In summation the Psychiatrist points out that Greg's major problem seems to be "extreme interpersonal difficulties with his peers and consequently he has developed into an extremely prickly, sensitive, whiney, manipulative and unhappy boy." He presents the following recommendations made by the team: since Greg has responded well in the past to the relative protection and structure offered by a firm, supportive, integrated residential program, such as available at the Glenrose, in combination with a small structure classroom setting, admission is favored. Since the parents are dedicated and cooperative and certainly seem to deserve any support and help we can give them, it is hoped that Glenrose can help him. Greg is re-admitted to Glenrose.

Progress Conference - April 30

Usually progress conferences give a scope for conflict which is seldom noted in Admissions/Assessment Conferences. This conflict is often the result of the Nursing Department and the Education Department holding opposing views as to what is best for the child. A typical comment from a teacher may be, "What drugs are you giving this child? He is sleeping most of the day" or the key staff may imply or state that he thinks that a teacher may be "too easy" on this child, or that the teacher "should be giving the child more homework".

A day or two prior to the scheduling of Ward Rounds, the teacher receives in his mail box, a form on which he is to record pertinent information, the approximate grade level of the student and if he has made progress in his academic studies. According to one of the Head Nurses, it is very helpful for them to know if there is a scattering of academic strengths and weaknesses. It is also important that the daily classroom behavior of the student is reported. For example, the rapport the student has established with the teacher as well as with his fellow classmates. The teacher may also record any special problems this student may have in an academic setting. The Assistant Principal receives a copy of this report. After the conference the original copy is left with the Psychiatrist who is chair person for the meeting.

Progress Conference - April 27

Greg, as well as two other students, are on the agenda for a progress review. This conference is more informal than are the Assessment/Admission Conferences. This is apparent in the fact that sometimes the only departments represented are Medicine, Occupational Therapy, Nursing and Education. Greg is the last on the schedule for "conferencing". The general consensus of opinion prior to the meeting is that Greg will probably be returning to the Glenrose program next September. This may explain why only the departments actively involved with Greg on a day to day basis are

present.

The psychiatrist, as with other conferences, briefs the representatives present. He informs the group that Greg has been in the EDCU treatment program before. At that time it was noted that he had difficulties in school, showed a marked degree of over-activity, low frustration tolerance, impulsiveness and had terrible interpersonal relations with his peer group. Greg was re-admitted to the program three months ago at which time he was perceived as being a boy who constantly set himself apart from others and invited their teasing and abuse. In reaction to this he constantly complained of the treatment he was receiving from the other children. At this point, the psychiatrist invites representatives of the departments concerned to present their reports. Greg's key staff is called upon first.

Nursing

In this report, the key staff states that Greg has made some definite progress. He is more tolerant and handles frustrations more appropriately. He is now capable of understanding why he becomes frustrated and can realize his involvement and responsibility. He also has shown significant gains in his ability to interact with his peers. The other children are "actually enjoying Greg's company for once". Nursing recommends that Greg continue on the unit and return in the fall as an in-patient.

Occupational Therapy

The therapist presents a brief report in which he states that Greg has shown considerable improvement; works well on his own projects and is accepting instructions provided the therapist is quite firm with him.

Education

Greg's teacher reminds the team that Greg had worked through the EDCU program two years ago and was placed in an adaptation classroom too early. She now recommends that in September he should be placed in a special class where he can succeed academically. He still needs opportunities to work through his problems. She reports that Greg is "an uneven student... very bright with concepts such as mathmatics but very awkward and frustratable with written routine work."

Summary by Psychiatrist

The psychiatrist summarizes the main points stressed by the participants and it is agreed that Greg should be returned as an in-patient in September with the possibility of becoming a Day Patient.

Greg's Discharge Conference - June 1980

The discharge conference, at least according to some of the teachers, has the most potential for conflict of all the conferences they are expected to attend. This may be

attributed to the seriousness with which the team representatives approach major decision-making. In this particular case, it seemed to the author, conflict would inevitably be present. The multiplicity of referrals that this youngster has had in his brief span of 12 years, as well as the various classroom placements with different teachers, even while at the Glenrose, fostered this misconception. The referrals, and the reasons which apparently promoted this action on the part of the school, family and psychiatrist, are as follows:

1. School A: Greg was referred by teacher to the school psychologist.

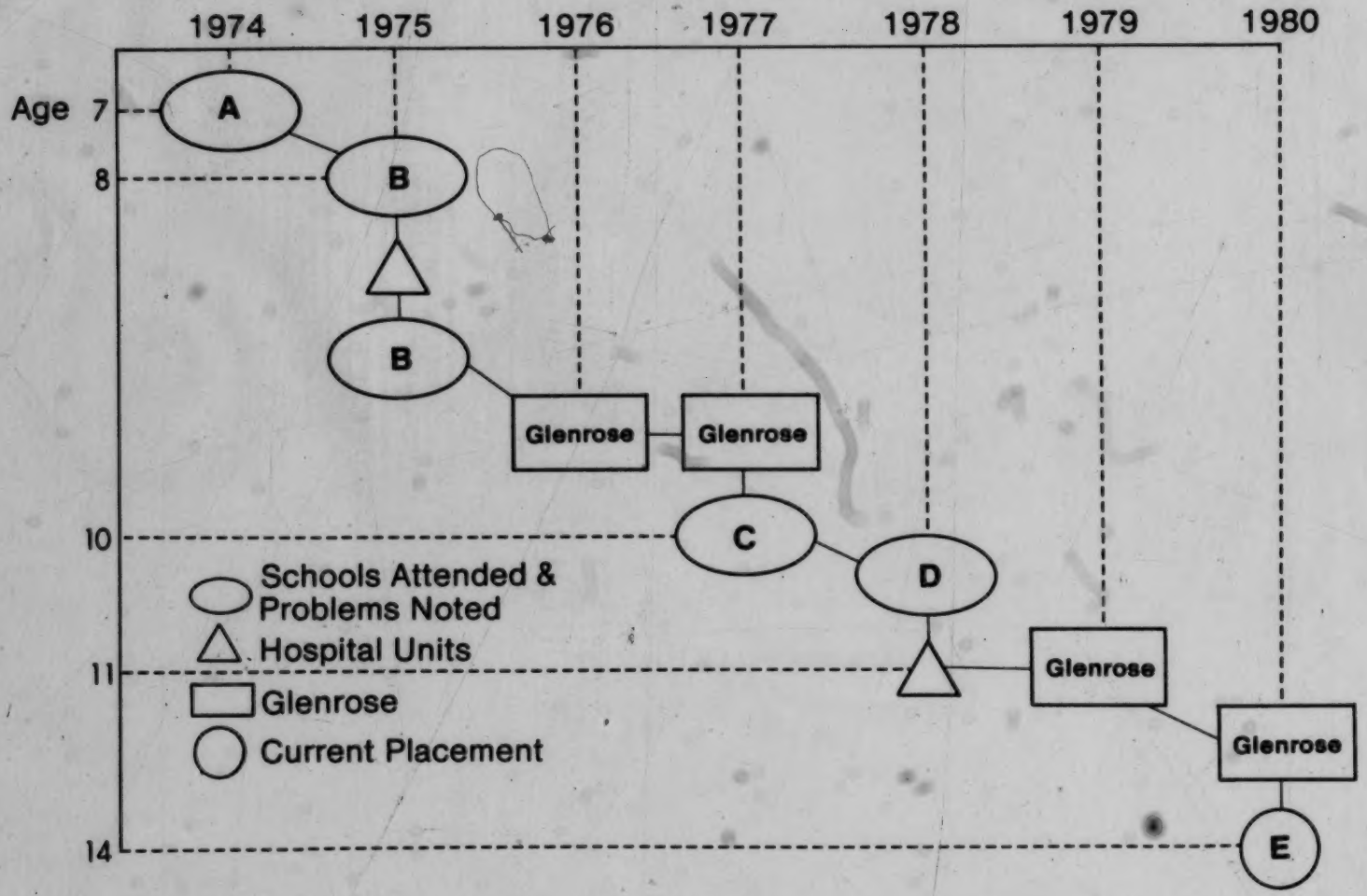
2. School B: School problems such as, Greg "sets himself apart" and "whatever happens its always the other person's fault" resulted in school/family contact. Greg was referred by the family physician to a psychiatrist. This resulted in admission to the Glenrose program.

3. School C: Family requested a transfer out of this school because of their concern for Greg's deteriorating behavior and their perceived lack of intervention by staff when Greg's classmates teased him.

4. School D: School requested assistance from the School System's counselling service to assist them to cope with Greg's tantrums and inappropriate behavior. This resulted in the psychiatrist requesting Glenrose to assess Greg.

At this Discharge Conference the representatives from Medicine, Social Services, Nursing, and Education are present, as is the principal from the school which Greg is expected to attend upon discharge. The Hospital authorities encourage this type of participation. As expressed by a psychiatrist, "everyone here works very hard to help the

School and Treatment Placements



children succeed and when the external representatives show such an interest in participating it encourages us". The psychiatrist gives a detailed history in which he mentions that Greg had been referred by Dr. Carruthers at a local treatment unit. He states that Greg's presenting problems are similar to those noted upon his first admission. That is, that he has had longstanding difficulties with his hyperactivity, impulsivity, and distractability. He has had much difficulty getting along with his peers, being an unhappy child who verbally strikes out at others. The department representatives, at a nod from the chair person give the following reports:

Social Services

The family seem to be exercising firmer controls on Greg's behavior. He apparently is rarely a behavior problem at home except when he experiences difficulties with either his peers or his school work.

Nursing

Greg still tends to display a pseudo-superior attitude toward others and distances them by his verbal jabs. However, he has been able to maintain friendships with certain children and this has boosted his self-esteem. Although he is inclined to act the comedian, usually at the expense of other children, it is a measure of Greg's improvement that he is attempting to interact rather than to

isolate himself as he formerly did.

Education

The teacher reports that Greg works well in class but that he still has a low frustration level, and gets very upset when he makes a mistake. With his peers, Greg often initiates negative interactions. He also points out that Greg still experiences tremendous difficulty in writing and the teacher attributes this to his poor coordination. He recommends that Greg should be placed in a community school (Appendix D)

Summary by Psychiatrist

The psychiatrist reviews the points and recommendations emphasized in the various reports. He adds, that while Greg still has a few of the original problems, he has now learned alternate methods of coping with them, therefore, it is not necessary for him to be returned to the Glenrose program. He repeats the fact that a structured environment is definitely a preferred alternative for Greg. The decision is made to discharge Greg and a referral for follow-up is to be made to Greg's former psychiatrist.

B. A Visit to Greg's School - September 9

At the Glenrose, close contact with outside schools is maintained. Teaching staff is available to make school visits to assist in the smooth reintegration of children who

are discharged from the Glenrose Program.

Early in September, the liaison teacher, after consulting Greg's teacher at the Glenrose, contacts the Principal and classroom teacher at Greg's new school to schedule a school visit if desired. School visits are frequently scheduled during noon hour or late in the afternoon, but the time for the visit may also depend on the distance of the school from the Glenrose. This visit is scheduled for 3:30 p.m. on the second Tuesday in September. The Glenrose team is composed of Greg's former teacher and his "special staff" while at the hospital. After arranging the time and the date, the school liaison teacher notifies the Administrative Assistant of the School Hospital of the impending school visit through an official memorandum sent through the school office. This memorandum contains such information as the name of the school to be visited; child to be discussed and the Glenrose staff who are to make the visit (Appendix E). A duplicate copy of this notification is forwarded to the School Hospital principal and the classroom teacher. The liaison teacher who facilitates the meeting usually takes the teacher's place in the classroom. This is not necessary for this visit, however, because the students are at a Physical Education Class.

Concerns About Greg

When the Glenrose representatives meet with Greg's principal, a member of the Bureau of Child Study and his

teachers, advice was sought by the teachers as to how they should respond if problems should occur.

One of Greg's teachers, while acknowledging that this was probably too early for anyone to make an evaluation of Greg's adjustment to a community school, expresses concern over Greg's distress when he answers a question incorrectly in front of his classmates. Greg's teacher at the Glenrose, explains that Greg has a very low frustration level. His other subject area teachers comment on the fact that he does not in any way stand out from the other children.

Greg's key staff informs the teachers that Greg's parents are very supportive and that they can contact Greg's psychiatrist at the local hospital. A return visit is requested for later in the year, preferably in October. The following day, Greg's former teacher completes a "School Visit Report" in which he summarizes the major concerns and recommendations made during the visit.

Informal Follow-up - June 28

During the months following Greg's discharge back into the community, the author, in conversation with the principal of the school it was expected Greg would attend, learned that "Greg was not accepted because he would not fit in with the type of student at the school".

C. Multidisciplinary Conflicts

The Education Department Handbook (1974) makes specific suggestions governing the interactions of its members with other disciplines. The nature of some of these recommendations are such that "matters of policy or controversial issues are always referred by staff members to their own department heads"(p. 14). However, if a teacher wishes to consult with another department about a child under circumstances other than policy matters or controversial issues, the teacher "may get in touch directly"(p. 14). The first principal of the Glenrose School Hospital, in his retirement speech, acknowledged that in the beginning disagreements arose; mistakes were made and misunderstandings occurred but they could always be mediated. This is probably as applicable today as in 1966. Mistakes are still being made and misunderstandings still occur but with "a saving sense of humour and a willingness to settle differences quickly and amicably" (p. 12), this should not hinder multidisciplinary teamwork.

Perhaps one of the most obviously contentious of issues in any multidisciplinary setting is that of "territorial rights". Many of the conflicts between teachers and members of other disciplines are based on the concept of "defending one's space". The following episodes illustrate two of the more vital issues that have caused tension between the Ward staff and the Education staff. The first issue arose over a request to keep a youngster at the Nursing Station for a

portion of each school day and the second issue developed over a request by the Nursing Staff to have a student transferred to a different classroom in the EDCU division.

Keeping Student At Ward

At the behest of the Assistant Principal I request permission to attend the weekly management meeting in the Ward. My purpose in attending the meeting is to request the Ward Staff to keep an unruly five-year old back from school for a portion of each school day. This child disrupts the entire class. He screams, kicks and refuses to work. He interferes with the lessons of the older children who certainly needed no distractions. I believe that this particular child is emotionally still a two year old and that he will have to be gradually introduced to the structured setting of a classroom.

Tuesday, November 4

At recess I accompany my students to the respective nursing stations and then continue to the Lounge where a management meeting is in progress. I arrive in time for a birthday party for one of the staff. The psychiatrist invites me in, and after a few brief comments motions to the staff that the meeting is about to begin. Everyone present finds a place to sit, some on chairs, and some on the floor and couches. I request that Larry be allowed an extra half hour at the Ward both mornings and afternoons. I make this request because he is too disruptive in the classroom and I

feel that he is too immature for the structure required.

Dan is the first to break the silence that ensues after this request is presented. "Whoever heard of a six year old being held back during school time? What an outrageous idea" is the message on his face, but he says, "What this boy needs is discipline and hard work. How do you discipline him? He must be made to do as you tell him". The majority of the staff present hold a similar view. Larry is not kept back at the Nursing Station.

November 5

The Assistant Principal informs me that the psychiatrist met with him this morning regarding yesterday's meeting at the Ward. Mr. Uniac reports that the Psychiatrist perceives my request as an ultimatum and he is displeased. The Assistant Principal does not burden me with an account of the meeting but he does apologize for placing me in such a position.

Although the climate between myself and the Ward was chilled for a time, the cold weather was not of lengthy duration.

November 15

Today Barb, one of the teachers in EDCU mediates the situation by grasping an opportunity that presents itself to effect a reconciliation between the psychiatrist and myself. At lunch hour Barb notices the psychiatrist standing in the

cafeteria line just a few spaces behind us. With my consent, Barb invites Dr. Roth to eat with us. The reconciliation process begins. Conversation focuses on Barb's essay about the novel Hetty Dorval (she is taking an English Course at the University) and soon a book-swapping deal was underway. Reference is never made to the unhappy 2 p.m. meeting at the ward. Relations between the two staffs resumes on a more pleasant bent.

Transfer of Student

In this example the Ward Staff requested that a student be transferred to a different classroom. The conflict again began at the 2 p.m. meeting on the Ward, when the psychiartist inquires if I would consent to have one of my students transferred to another classroom.

October 16

The psychiatrist reviews Robert's history before he invites Robert's Key Staff to present his problem oriented treatment list. The Key Staff says that Robert is too much on guard and too controlled for his own good. The psychiatrist inquires if I would consider having Robert transferred to a different teacher. "Robert thinks so highly of you that he will never do anything wrong in case you should find out. We feel that this is not good for him."

I am surprised by this request. I had no idea that this is how the "Key Staff" feels. My only comment is that Robert has only been in the program for four months, with summer

vacation intervening. I do not wish to jeopardize either his academic progress nor his establishment of a rapport with myself and with the other students. I refer to the fact that this particular student had been in a special program prior to his admission at the Glenrose and this suggests that he has learning difficulties.

December 16

While Robert is not transferred the issue is not settled. The principal and assistant principal, support me in my decision that Robert is not to be moved until I believe such a move to be to his benefit.

January 30

At Robert's progress conference we discuss his academic and behavioral progress over the past three months. The psychiatrist inquires whether I intend having Robert transferred at this time. The principal and assistant principal support me when I respond that "he is not yet ready".

February 26

I made an appointment to meet with the Assistant Principal during my class preparation time to discuss the possibility of transferring Robert to another class after Spring Break.

April 1

Robert is transferred to a class with older students. However, "free and easy communication between Nursing and Education" remains somewhat strained.

The Suspension Issue

Successful communication between educators and other team members depends on team members understanding each other's verbal and non-verbal communication. As Samuel Hayakawa(1949), an internationally-known semanticist, notes in his book Language in Thought and Action, words mean "different things to different people" (p.63), therefore, we must not assume that because a word sounds familiar, its meaning is explicitly understood. "The meaning of words...changes from speaker to speaker and from context to context"(p.89). To discover the meaning intended, we should examine the particular context and the extensional events denoted by it. Thus, we can understand that semantic problems occur when professionals from different disciplines interact. Word connotations can distort and impede communication. Each party in the conflict may lack the clear and unambiguous information regarding the other's point of view.

One such word that causes much conflict between teachers and Key Staff is "suspension". To the teacher, this word conjures up all kinds of legal difficulties. In the field of education only the principal has the authority to

suspend a child from school. It is a serious matter. The Edmonton School District #7 Operational Handbook clearly stipulates the suspension authority and the grounds for suspension. The handbook states that: "Whenever an incident(s) occurs that leads to a suspension of a pupil by a teacher, the teacher shall report immediately to the principal." And Section 146(3) of the School Act states that "where a principal suspends a pupil, the principal shall immediately report in writing all the circumstances of the suspension to the pupil's parents" with a copy of the suspension letter to be forwarded to the appropriate Associate Superintendent. In addition the principal must be prepared to submit to the Superintendent documented statements related to the behaviour of the pupil being suspended. Some of the grounds for suspension are:

1. open opposition to authority,
2. wilful disobedience,
3. habitual neglect of duty,
4. the use of improper or profane language,
5. conduct injurious to other pupils and/or school staff members,
6. wilful damage to school property,
7. activities which interfere with or threaten the orderly functioning of school activities,

Although a teacher may suspend a pupil from class and shall report the suspension immediately to the principal, such suspensions are limited to situations where the retention of the pupil in the class would be detrimental to

the learning situation of others in the class. A principal may suspend a pupil from class, from school, or from riding a school bus, and principal may reinstate a pupil suspended by himself or by a teacher. The school board may support or deny the principal's recommendation regarding a pupil's suspension beyond the initial seven-day time period.

This is, in essence, what goes through the mind of the teacher when the words suspended, or suspension are mentioned. The following examples illustrate conflicting views held by professionals in respect to suspension.

This month several students are suspended from the treatment program. Noreen expresses the view that nearly all the children in the EDCU are here because of serious behavior problems in school. "This is a special school with emphasis on 'hospital' issues." If the treatment team is of the opinion that suspension from the hospital program (of which education is a part) is necessary for the long-term good of the child, she will not interfere. Another teacher in the Unit provides me with the following account of an incident in which she was personally involved.

March 16

> In conducting the usual early morning banter with my students it was mentioned to me by one of the more verbal boys: "Hey, guess what Mrs. B? Me and Fred might get suspended". I considered the source and immediately dismissed the comment. The morning progressed as usual. On returning to class after lunch, I was greeted by the usual line-up of bodies in the hall accompanied by a psychiatric nurse. Richard eagerly asked the nurse if he could tell me and she said "yes" which he immediately followed up with: "We got suspended isn't that neat?" I ushered

the students into the classroom, closed the door and inquired of the nurse as to what was going on. The ensuing conversation went something like this:

Nurse: "We have suspended Richard and Fred for fighting on the Ward".

T: "Did you say suspended?"

Nurse: "Yes, they and Quentin have been giving us a lot of trouble and we've had enough so they are suspended for two days."

T: (getting aggressive) "The School Act does not give either you or I the power to suspend a student - only the principal can do that and only with the School Board's approval."

Nurse: "We've done this many times before."

T: (trying to be polite) "A legal suspension from school can only be made by a principal."

Nurse: "Well, we've suspended them from the program."

T: "In other words they can still come to school?"

Nurse: "Well, no because then we would have to supervise them on the ward at recess and we can't because they're suspended".

T: "As far as I'm concerned they are not legally suspended from school and they'll be welcome in my class."

Nurse: "You can't tell them that."

T: "Any implication on my part that they have been suspended from school could cost me my job - sorry but I must make it clear to these boys that my door is open to them even if they must bring their parents in to supervise at break".

Nurse: "If you say that you are deliberately undermining our authority - we are supposed to work as a team".

T: "Sorry but I've made my position very clear - see the Assistant Principal if you need further clarification".

Very shortly thereafter the Assistant Principal came to see me, obviously harassed and ill at ease.

He encouraged me to "go along" with the ward staff. I asked if I was being required to do this or was it a suggestion? I was told that I must cooperate with the ward (after all they'd done this before - or so they said - this being his first term of office). I told the Assistant Principal that I would comply only because I was told to do so but that my written protest would be kept on file with the Principal.

During the afternoon recess, I spoke with the Principal who assured me that I could and should explain to the students that they were not on a legal suspension from school. She also said she would photocopy the section of the School Act pertaining to suspension for all staff members.

I returned to my class and explained "legal suspension from school" to the boys and distinguished it carefully from what had transpired. I told them that I did not approve of their behavior, but that they could come to class provided they brought an adult to supervise their breaks.

The two did not come back to school until the "suspension" was up and the Ward Staff did not speak to me for several weeks. The Assistant Principal has been very reserved.

March 30

At our Divisional Meeting today, the Assistant Principal presented each of us with a copy of the Edmonton Public School Board suspension rules. Few comments were passed about the issue but one of the teachers observed as we were departing that "it is ironical that these children in the EDCU program, many of whom are in it because they have openly opposed authority, have been wilfully disobedient, have used improper of profane language, have engaged in conduct injurious to other pupils, should be subject to suspension. They have already been suspended from school and we are their temporary guardians. We really are not in a position to suspend a child."

D. Teamwork Between Teaching Unit and Other Units

The informal research initiated by the teachers in the EDCU eventually led to the teachers enlisting the support and encouragement of members of other professional groups. The following research studies were supported by members of the multidisciplinary team and directors of hospital departments not directly involved with the EDCU treatment division.

Study 10 - Labelling of Children

Our EDCU research (Study 6) indicates that 85 percent of the words selected from reports submitted about children admitted to the EDCU program, were used in the description of five children. My conclusion is that many of these words must be meaningless, or perhaps, hold meanings that might be detrimental to the child whom they describe. This led me to investigate the labels used to describe children.

The Hospital, School and University libraries become the "hunting ground" for a literature review on labels and their effect on emotionally disturbed children. Journal articles on "labeling", its hazards and complexities, evolve out of this phase. With the approval of my principal, I submit an article entitled "Hazards of Labeling" to the Directors of the various Hospital Departments, as well as to members of the multidisciplinary team. In a memorandum to the Glenrose Department Directors, the principal writes:

September 12

> The attached is the framework of an article which will be submitted for publication in the near future by Sister Dolores O'Sullivan of the Education Department.... Your reaction to the concepts which are presented would be much appreciated.

Sixteen of the eighteen people to whom the article is submitted, reply. Three department Directors offer to meet with me to discuss their views on this topic. Some of the memos are returned with a brief message such as "very timely", "straightforward and concise" but a number of the responses contain a detailed analysis of the article. One respondent suggests that the title of the article be more explicit because "the present title could be misleading when searching the index medicus". A member of the Medical Assessment team comments that:

> It is unfortunate that labels or diagnoses are required. Within a single discipline there can be varied interpretations of the "label" as you so well document. I have often felt as you recommend that 'descriptions' rather than than 'diagnoses' are more meaningful - especially in multidiscipline problems.

The Director of Psychology wrote:

> What I, perhaps, missed in your paper was a discussion of when, under what circumstances, labeling would make sense. For instance, for purposes of research some form of classification is usually necessary.

Another respondent rejects the idea that a label necessarily reduces expectations or results in negative feelings. He adds that "Maybe what is needed is that we respect each disciplines' labels for what they are - shorthand to describe a syndrome or an activity or a condition." The former principal of Glenrose School Hospital chooses to be

what he terms "the devil's advocate" when he points out that:

> It has to be admitted that the origin of much professional jargon and some labelling is an attempt to be more precise in expression and communicate more effectively with one's professional peers....Possibly however the answer is not so much to banish all labels into outer darkness, as to use them more carefully and precisely and not to make the mistake of assuming too much precision and certainly not to assume too many implications for treatment with respect to a label.

A new article was written with the title "Labelling: A Complex Issue".

Study 11 - Glossary of Terms

The purpose of this study is to compile a glossary of terms commonly used in this setting.

Method

From our EDCU research on "Behavioral Clusters" (Study 6) the 49 descriptors that reoccurred in 66 percent of the files examined, are placed in rank order of frequency, highest to lowest. The list of 49 descriptors is reduced to 17 by subsuming synonyms of words under the most frequently reocurring synonym. These 17 descriptors form the basis of the glossary. To obtain a working definition of these terms, various medical dictionaries are consulted, as well as the glossary of a publication entitled The Education of Children with Handicaps.

March 26

The completed Glossary is submitted to six members of the EDCU multidisciplinary team with the following memorandum approved by the Principal:

> In connection with my university study of children with emotional disturbances I intend to send the attached glossary to teachers in regular class situations. However, before doing this I would appreciate your comments about these definitions.

Results

Five of the six members of the team to whom the Glossary is submitted, respond. Two members request an interview. The glossary is revised on the basis of information gained through submissions made.

Glossary of Terms

Aggressiveness: signifies action carried out in a forceful way. It may be seen as a tendency to push forward one's own interests or ideas, despite opposition. Erroneously thought of solely in its negative connotation towards self-assertion over others; aggressiveness according to its goal and effect may be constructive or destructive.

Attention-Seeking: is forcing others to take notice of, and respond to, his behavior, especially his demands.

An attention-getting mechanism is a technique for gaining attention(if not favorable recognition) when one feels neglected. The term is generally employed for behaviors that are otherwise maladjustive. For example, a child will continue behavior for which he is consistently punished so long as it brings with it the satisfaction of being noticed.

Controlling: is gaining power over the outcome of a situation, especially a social situation, by management of the factors involved. Devious or covert activity implied.

Depression: is a state of withdrawal from stimulation, or to particular kinds of stimulation, of lowered initiative, of gloomy thoughts.

Hyperactivity: is abnormally increased activity characterized by constant motion - exploring, experimenting and so forth. Usually accompanied by distractability and low tolerance for frustration.

Distractability: is a tendency to withdraw or divert attention, mind, sight, hearing, and so forth to a different object or another direction; inability to attend or pay attention; lack of attention span.

Impulsivity: is swift action without forethought or conscious judgment; poor impulse control.

Frustration Tolerance: is the level to which child can withstand tension and disappointment.

Peer: is a person deemed an equal for the purpose in hand.

Peer Group: is the group with whom a child associates on terms of approximate equality of position or status. The peer group is usually very heterogeneous in nearly every respect.

Antisocial: is being averse to being with people; unsociable; tendency to avoid social contacts.

Isolate: is a person who has only meager and superficial relations with others.

Self Concept: is a person's view of himself.

Social Behavior: is a process of interaction by which the individual learns his place in the social order; behavior in which the individual participates appropriately in the spirit, purpose, knowledge and methods, decision and actions of the group.

The following authoritative works were searched for medical and psychological terms:

Dorland, W. A. The American Illustrated Medical Dictionary. Philadelphia and London: W.B. Saunders Co., 1946.

English, H. B. and English, A. C. A Comprehensive Dictionary of Psychological and Psycho-Analytical Terms. Toronto: Longmans Green & Co., 1968.

Hensie, Leland Campbell, R. Psychiatric Dictionary, 3rd. Edition. New York: Oxford University Press, 1960.

The Education of Children with Handicaps. Toronto: Copp Clark Publishing Co. Ltd., 1961.

Interpretation and Writing of Reports

The following information contained in a psychology report led to an investigation of the verbal and performance scores of children admitted to EDCU.

> WISC-R gave a verbal I.Q. of 78, performance of 95 and a full scale I.Q. of 85. A significant verbal performance discrepancy in the direction of lower verbal competence is indicative of educational underachievement...It was felt that the immature visual motor integration and fine motor functioning in combination with the poor verbal development could account for what appeared to be a general academic lag (File 14).

The Supervising Psychologist for EDCU informs me that "emotionally disturbed children frequently show a discrepancy between their performance and their verbal scores. She considers a discrepancy of 15+ to be significant.

Study 12 - Wisc-R Verbal and Performance

The purpose of this study is to determine if students admitted to the EDCU show a discrepancy between their verbal and their performance scores.

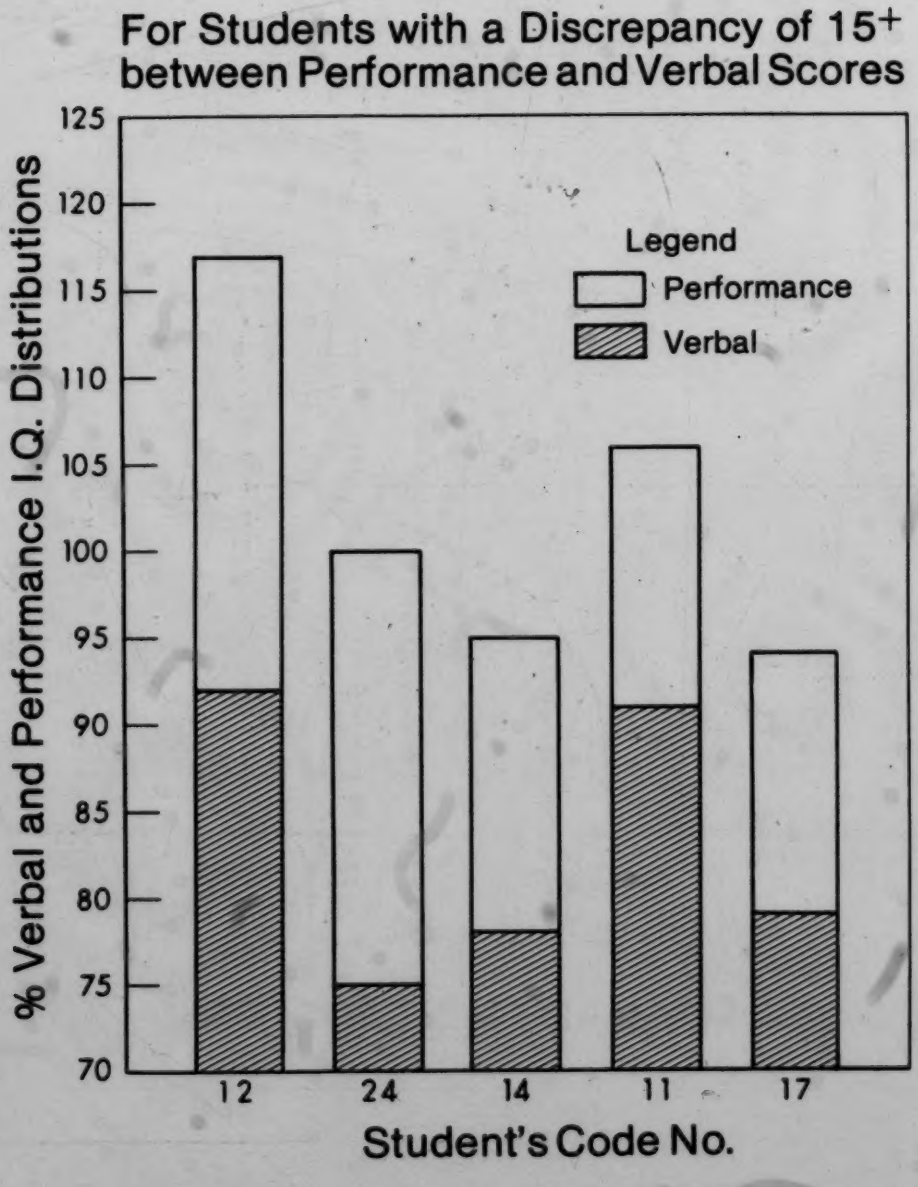
Method

The verbal and performance scores of a random sample of 24 students admitted to the EDCU were recorded on a graph.

Results

5 of the 24 show a significant discrepancy of 15+ between their performance and verbal scores.

Verbal scores are lower than performance scores.



Wechsler Intelligence Scale For Children – Revised Manual 1974

Conclusion

Some children (5/24) with an emotional disturbance show a substantial discrepancy between their verbal and performance scores.

Implications for Teachers

Teachers must be aware that some emotionally disturbed children may be more dependent on visual input in order to learn, than on auditory input.

Our EDCU study on "behavioral clusters" (Study 6) in which the students in the study are described as being verbally and physically abusive, raises a question as to whether there is a correlation between this behavior and a low verbal score.

Study 13 - Writing of Reports

During our informal get-to-gethers, the teachers in EDCU discuss the dangers involved in writing such reports as progress reports, discharge reports or report cards. Since each writer of a report observes the child from a different perspective, expectations frequently differ and unless the words used in the reports are interpreted similarly by the readers, confusion may occur. Our research on labelling makes us very conscious of the words we use to describe a child. The following is accepted as appropriate criteria for writing reports:

1. Writers of reports are responsible for submitting a report that is easily understood by others.

2. Writers of reports must be careful not to label the individual about whom the report is being written.

3. Writers of reports must present an honest, thought-provoking evaluation.

January 24

Today Marina is reading a report submitted by the Psychology Department about one of her students. She expresses concern because the information is couched in psychological terms and she finds them meaningless. The psychologist is approached for an explanation of the findings and their implications for teachers. The psychologist queries whether an in-service on interpretation of psychological reports would be of value to educators.

In an informal conversation with the principal, Marina informs the principal of her problem in interpreting the various reports submitted by other disciplines. She mentions to the principal that Mrs. Schmidt, the psychologist for EDCU, is interested in helping other teachers with similar problems. The principal responds by inviting Mrs. Schmidt to give a presentation on the WISC-R at our February Staff meeting.

Presentation by the Psychologist - February 14

The psychologist, Mrs. Schmidt, is giving a presentation during our Education Staff meeting. The title is "What Teachers Should Know About WISC-R". She prefaces her remarks with a warning that all tests are to be viewed with scepticism. She states "each child's profile of subtest

scores is unique and requires a well trained and experienced psychometrician to give an accurate interpretation....The significance of any single scaled score, I.Q. Score or in fact, any single test, must not be regarded too highly in evaluating the subject."

She describes the various subtests of the WISC-R and the type of information obtained in these tests. For example, a higher performance score than a verbal score may indicate:

1. a foreign language background,
2. a visual learner as opposed to an auditory learner,
3. better motor skills than vocal expressive skills,
4. greater facility with concrete concepts than abstract concepts,
5. better practical knowledge than theoretical knowledge.

On the other hand, a higher verbal score than a performance score, may indicate:

1. an auditory learner as opposed to a visual learner,
2. a good reader with limited practical experience,
3. a physically handicapped child,
4. has better expressive skills than motor skills,
5. more of a "thinker" than a "doer",
6. is depressed (subject has withdrawn into self and isn't performing).

The teachers are given a handout which summarizes the basic information given during the presentation.

March 23

This afternoon, Mrs. Schmidt and I formulate the following list of recommendations related to the interpretation and writing of reports, whether they are psychological reports or educational reports. The recommendations are:

1. The psychologist meet with school authorities, both administrative and instructional, to discuss the implications each report may have for the teacher of a child.

2. The psychological reports be written so that recommendations for teaching be included with the psychological description.

X. Interactions of Teachers with Key Staff and Students

This section focuses on the informal or casual interactions of three teachers, their students and the Key Staff of these students. Two of the three teachers were engaged in cooperative team teaching. The casual or informal interactions which take place in the corridors of the school, or via the white telephone located in each classroom, are considered by some Key Staff and some teachers as the most meaningful of all interactions between teachers and other professionals.

The participant-observations recorded relate to the interactions of teachers with their students and the interactions of teachers with each student's Key Staff.

September 22

Promptly at 9:45 a firm knock is heard on the classroom door. It is Ron with the new student. Barry is reluctant to enter the classroom. His head is down and he is looking out of the corner of his eyes. I invite him in but he is backing against the wall. Ron brings him to his desk and this time I forego making any introductions. He sweeps the paper and pencil on his desk to the floor. Ron stays outside the classroom door but within reach. My regular students are alert. David brings me worksheets and pencils. These work sheets had been given to me by Barry's former teacher at the referring hospital. I hope that familiar work will lessen any anxiety the child may be experiencing.

Barry wiggles and squirms. I stand behind his chair in case he should decide against staying in the classroom. He responds to my every question or directive with a profanity. I thought the occupational therapist had indeed been right about this boy when she said, "He is active and impulsive in his every action", and recommended that "the adult working with him be firm, consistent and able to constrain his attempts at verbal manipulation." My goal is to keep him distracted by the physical act of moving a pencil. He chooses to break them rather than use them. One, two, three, and this is the fourth pencil to be broken in a matter of minutes. As each pencil is replaced, I comment on the poor quality of the pencils and that he must not worry because we have lots of them. He begins to make marks on the paper. His task is a familiar one. He is to complete each sentence by printing one of three possible words in the space provided. Then, he is requested to read each sentence orally. With glee he begins. However, he does not read what is on the paper. He inserts his own version of the words and each word is unprintable. I do not flinch. Instead, a partial word with incorrect spelling is identified and singled out for correction. Correct spelling is essential in this class, and "if there is anything that upsets me Barry, it's when people use words they cannot spell. If you insist on using these words, then I insist that you must learn how to spell them."

Robert B. Bloom(1977) writes that there are many ways of responding to profanity, such as: criticism, demand,

appeal to values and rules, alerting and redirecting, planned ignoring and refusal to be shocked. My refusal to be shocked brought forth from Jamie the following epithet, "You dumb teacher". As Eric Berne(1964) suggests "when a child swears or uses a 'bad word,' he depends on its shock value. If we respond as he wishes and are shocked or make an issue of the matter, we encourage his further use of these words. We can take our sails out of his wind by playing dumb" (p. 279). This curtails the use of profane language at least in the classroom.

It is not until recess time that I am able to contact the secretary in the Education Department to inform her that a new student has been admitted to my classroom today.

April 24

Barry is the first student back from Art class. He takes this opportunity to say "I'm so ashamed of myself acting like that when I first came here".

Information About a Possible Admission

The grapevine is in full swing today as the teachers and key staff speculate about the future of the students assessed on Tuesday. The teachers, however, have three permanent sources of information: the children, the ward staff and the education assessment team. Rumours are relayed to the teacher in the following fashion by the children in his class: "I hope that new kid doesn't come to our class",

or "That new kid on the ward bites and kicks" or "I don't like her because she knocked all my checkers off the board", or "Sure hope she comes in here, she's pretty".

February 20

This morning Sheila, Ben's Key Staff says to one of the teachers, "Don't take this child. He will disrupt your whole program and furthermore, he will never get along with Jason".

March 4

One of the teachers states she had inquired of the Education Assessment team whether they have assessed anyone who might fit with her class. Darleen, the assessor, responds with a twinkle in her eye, "Just wait until you get this one, or do you want a child who is very active?"

March 12

At recess today, Darleen approaches one of the EDCU teachers with "We've got just the one for you".

October 7

The children seem restless. "We will have to practise preventive therapy today" said Mr. Helm as he looks toward Jason who is engaged in a prolonged monologue of "Why do I have to do this? Nobody else is. I always have to do things I don't like to do." Mr. Helm moves over to Jason's desk and suggests quietly that in life we sometimes have to do things we really don't want to do. He remains near Jason's desk

hoping Jason will forget all his objections and proceed with the assigned task. But Jason is not to be redirected. He looks at his Mathematics Textbook and both states and queries "I'm going to do all this today, right?".

November 17

After recess the children go to the Music Class but soon a telephone call comes from the music teacher. "Jason is on his way up", she says. "He is not trying to listen and is upsetting the others." By the time the teacher has turned away from the white telephone in the classroom, a knock comes on the door. It is Jason, but he does not wait for a response. He bursts into the classroom yelling "I didn't do nothin'. She just kicked me out". Mr. Helm and I know that now is not the time to reason with him. Instead it is suggested that he go to his desk and draw a picture. Mr. Helm tells Jason that he is ready to listen to him when he is calm. By noon dismissal at 11:45 he is willing to tell us all about it. We listen and then ask him what he thinks he should do about the episode. He comes to the decision that he had better tell Miss MacIntyre that he is sorry and that he will try to behave better the next time.

A Sense of Humor

November 20

The children returned to our classroom in high spirits after recess. I notice Bradley and Douglas strolling down

the corridor chewing gum. This is not allowed, especially since the arrival of a five year old to the class. I address them sternly. "Whatever you have in your mouths must be out before I come into the room". As I enter the room the two students are bent over the waste basket, pulling at their teeth. "What are you guys doing?" I inquire. In unison they respond "You said that whatever we have in our mouths had to come out before you came in." I could only grin.

While research in humor is inconclusive many people are in agreement that a sense of humor is invaluable, especially in a classroom. A teacher will learn many things about her students if humor is enjoyed. For example he will:

1. observe the child's ability and need to laugh at nothing and to laugh at the same thing more than once
2. discover that the child who can stump the class or the teacher with a riddle, or succeed in getting the class to laugh at a funny story will be rewarded with a feeling of superiority that could help him build a positive self-image
3. appreciate the pleasure a child expresses when he produces an original bit of humor
4. experience the closeness that comes from laughing with the class at the right time (Aho, 1979, p. 15).

Students Participate in Program Planning

September 12

In addition to participation in relatively routine issues, these students are also invited to plan their academic programs with their teachers. One of the older

students objected to a program placement which had been made for him prior to his admission to the Glenrose. He informs his teacher about this, and emphasizes the fact that he will drop out of school rather than accept that particular placement. His teacher acquaints him with the reasons for such a placement and also shows him the academic scores that had been on file. These scores are based on standardized tests from the previous school year. The marks are extremely low. This student insists that he knew the work but for some reason he simply could not improve his marks. The teacher considers that comment for a time, and then informs him that if he would be willing to trust her judgment, a solution might be found. With his consent and cooperation the task is initiated. For a limited time each day he is asked to complete a part of an accepted battery of tests frequently administered in the school system. His instructions are to take as much time as he needs because the goal is to determine the source of his apparent academic problems. The time he requires to complete each level is carefully recorded. An analysis of the test results indicate that this student did know the subject matter and that his problem was his inability to meet time limits. With the problem defined, the teachers, with Bill, outline an individual program designed to gradually demand that assignments be completed within shorter and shorter periods of time.

December 9

As each student arrives in the classroom, Mr. Helm inquires as to the behavior the student thinks may require attention. One of the younger boys announces that "he will try not to talk to Sammy when the teacher's back is turned". And another says that he will do his math work without getting mad and tearing up the pages. Liz states that she intends "to write so that no one will have to to ask what it says". Bill, with a twinkle in his eye, promises to stay awake, at least until recess time.

December 10

The team teachers discuss report cards with the individual children. They show the cards to each student, pointing out the different questions that will have to be answered. The students are asked how they feel about their classroom behavior in the past few weeks. One student is asked whether or not he agrees that perhaps "shows improvement" may be a more realistic comment than "excellent". If a student is unduly harsh in judging himself, then the teacher may question him in order to elicit a more positive response. These children frequently demonstrate a keen sensitivity toward others. For example, one of the teenagers in the class approaches the teachers and passes on the following sage advice: "You guys worry too much. They're only report cards".

May 28

This morning a consultant from the local school system shares with the author his impressions of one of the EDCU classrooms. He states that when he entered the classroom he thought he was in a resource room because of the physical layout of the class and the perfect control exhibited by the teachers. He expresses surprise that within the course of the morning he had witnessed individual teaching; small group teaching and independent study. Furthermore, the teachers were engaged in teaching the students from both a therapeutic as well as an educational perspective. He comments on the fact that the students are being taught to be polite and to disagree agreeably. He attributes this to the "modeling" the teachers provide. He is particularly impressed with the teachers handling of a 16 year old student. This student has informed the consultant about the difficulties he had in the regular school and that when he first came here, he would fall asleep during school time. The consultant asked him if he still did this and he replied "Not as often". The consultant then asked him how he was helped to overcome this behavior, and he replied "Every time I look as if I might fall asleep, the teachers tell me to put some work on the board, or they keep talking to me so I can't sleep."

May 9

The "learned-helplessness syndrome" is a combination of symptoms displayed by a child in an effort to avoid failure.

The child reasons that failure can be avoided if the task is not attempted. This behavior is frequently used by emotionally disturbed children. Today Jason, who is fearful of any new type of work, especially problem solving. He delays beginning this task by reiterating that he'll just get them all wrong; that he never gets anything right so there's "no use in doin' nothin'. I agree with Jason. "You are probably right, Jason. Perhaps, I am making a big mistake to even suggest that you try these problems. Why don't you set them aside, they are too hard but then perhaps I should let you just try one or two questions." In a few minutes Jason picks up his pencil as he assures me that just for this time he thinks it won't be so hard.

Jackson(1978) in a paper presented at the Annual Convention of the American Psychological Association describes this technique as a paradoxical intervention strategy. It has been advocated as a powerful strategy to facilitate behavior change (Erickson in Haley, 1967; Frankel, 1963; Bateson et al., 1956, and Watzlawick, Weakland and Fisch, 1974). According to Sheras & Jackson (1978) the rationale for this approach is as follows:

> By asking the client to perform those behaviors engaged in, the clinician is often able to harness the force of the person's resistance to change and by doing so, allow for that change to take place (p. 3).

October 21

Gregory, a nine year old youngster, sits and rocks back and forth, all the time saying, "I can't do this Mr. Helm.

"It's too hard". His teacher reassures Gregory. He goes to the child's desk and very slowly begins to turn pages, starting with the first page in his Mathematics Workbook. The pages are all marked and there is a percentage mark at the top of each page. Nearly every page is between 90 and 100 per cent correct. The child knows his math, but he is always afraid to start a new page. However, by the time the pages have been slowly flipped through, with the student watching each page intently, he has picked up his pencil, and with a triumphant grin on his face, begins to work.

Someone to Blame

October 16

Blaming the teacher seems to be the students' favourite sport today. Randy complains that if the teacher would give him a nice book then he wouldn't scribble. Howard makes such comments as "You keep mixin me up". Bob complains that he can't read the teacher's written assignment from the chalkboard. He keeps raising his hand and asking the teacher "Is that an 's'? What is that word after smoke?" His teacher answers each query but on the fourth try she says to him, "Bob, please bring your notebook to me." He complies. The teacher looks at the notebook, then she looks at the assignment on the board and then again at Bob's notebook. Then as she looks directly at him, she quietly but firmly states: "Until your writing can match mine, sit down and shut-up". He does.

November 6

During recess when Liz is caught sliding down the bannister, she insists that it is "all the Principal's fault". He has made her angry. If he had not made her angry, she would not have slid down the bannister. Greg has been blaming the teacher because he can't work. He relents, however, because during the afternoon he pats the teacher's head as he passes behind her. When she inquires what all this is about he replies, "That's to say I'm sorry." Berkowitz and Rothman (1960) recommend that the teacher assume the blame for problems that frustrate the child because some children need to bully. Teachers, therefore, must recognize that the disturbed child who is impulsive, disorganized, aggressive, and negativistic, should not suffer because of the teacher's needs for order or conformity.

Management of Complaints

November 19

While Behavior Modification is considered undesirable by a number of the teachers in the unit for emotionally disturbed children, the following is an instance where the teacher resorted to "extinction" to eliminate an undesirable behavior. Alex was given to understand that she would not listen to his complaints. One advantage of this procedure is its effectiveness in reducing a wide variety of behaviors, such as crying and complaining. In addition the results are

long lasting. Because aversive stimuli are not required, the negative effects are avoided. A major disadvantage of this procedure is that the teacher must be sure that she has correctly identified the source of reinforcement and that it is consistently withheld(Sulzer & Mayer, 1972).

Action centers on a child's incessant complaining. Today Alex persists in this behavior to an excessive degree. First, his pencil is dull, then his chair is uncomfortable, and "nobody else has to do this. Why do I?". The teacher moves over in front of his desk and puts both hands firmly on it as she bends down to his face and states:

> Alex, I am weary with all your complaints - from now on please write all complaints out and they will be discussed one by one. And remember, if you even look as if you are about to complain, you will have to write that complaint out, too.

Alex accepts the sheaf of paper she hands him. When the time comes for the children to return to the Ward for recess, the teacher telephones the Ward and informs Alex's key staff that he may be delayed for a time because he has a number of complaints which have to be discussed. One by one the complaints are discussed. It takes the entire half hour allotted to recess.

October 16

There are no complaints from Alex this morning.

March 3

Today Mark is on new medication and he is having bad side effects: slurred speech, blurred vision and excessive

drowsiness. His teacher goes to the telephone in the classroom and reports her observations to his staff. Sheila comes immediately to the classroom and takes Mark back with her to the Ward. The teacher has not been present at the Management Conference in order to hear the medication review for Mark, but his key staff has passed on this information.

In a memorandum from the principal, the teachers are reminded that they are not to discuss medication with a child's parents, nor are they to express their views in this respect.

Learning to Accept Responsibility - March 13

It is almost 1:15 and the EDCU teachers are putting away their coffee cups and gathering up their mail before returning to their classrooms. The noise level in the corridor is unusually high. One of the teachers comments as to the whereabouts of the Ward Staff. However, as we pass through the double doors separating the classroom wing from the teachers' staff room, elevators, stairs, and Day Patient Unit, we see that the staff are with the children in the school corridor. The children soon inform us why they are so excited. The Day Patient Unit had gone on a noon outing to the museum with the children. As they waited in the hospital van for the lights to change a car rear-ended the van.

It is almost impossible to get the children to settle down to any school work. Usually when the children first arrive, both in the morning and in the afternoon, a quiet

activity such as writing in their diaries, reading library books, or listening to a story on record or tape is the order of the day. A record is put on for the children, but they do not stop talking. The record player is turned off. The children were asked to return to their desks and the teacher gives them some written work to do instead.

At 2:45 the class is sent to the gynmasium for its Physical Education class. Mr. Helm goes to the staff room, to write computer programs for the class. I remain in the classroom to prepare a report for Ward Rounds for the next morning. Within 15 minutes three of the students come running into the classroom. They all talk at the same time. "I'm never going to gym again." "It wasn't fair." "I didn't say nothin'." Mr. Helm, who has been in the staff room witnessed the arrival of the students on the third floor. He comes in behind them.

I request the students take their their seats and read library books until they can be reasonable. When Liz keeps insisting that she was "never, never going to write 500 lines" the teacher assures her, "She would never ask her to do that." "But you don't understand," says another student. "The gym teacher told us we must write 500 lines." I ask "Why?" They respond "Because Anne was crying and we were kicked out of the gym for making her cry." "And did you make her cry?" No answer follows this question. All are silent until Mr. Helm suggests they should not discuss this matter with anyone during recess. They are dismissed one at a time.

After recess the children file into the classroom quietly. Mr. Helm and I are still at the work table where we were before recess. The gym teacher, Mrs. Brux, who is relieving for the day, has entered the classroom to explain what had happened. She states that these three children have disrupted her class and she has sent them back with instructions that they are to write 500 lines.

The teachers inform Mrs. Brux that they have spent four months struggling to get these particular children to do any written school work, and now to give them 500 lines as a punishment will damage their program and might really convince the children that school is indeed a punishment because they are being given a school related task in order to punish them. The substitute admits that she was very angry at the time and acted on impulse.

About five minutes later, the Head Nurse from the unit knocks on the door. She asks to speak with Mr. Helm. She relays a message. "The children think that you will intervene on their behalf and that they will not have to write 500 lines". Mr. Helm and I discuss this information and decid that somehow or other, lines must be written. The children still appear uneasy. They are very quiet and attempt to do the tasks they have been assigned. However, the amount of work they accomplish indicates that their minds are not on the task. After a period of about 15 minutes, Liz comes over to me and says "Are you trying to think of a punishment for us?" My response is "Yes". I

comment that perhaps the other children are not prepared to discuss the problem. The children involved leave their desks and gather around. They admit that they had teased Anne and made her cry. Mr. Helm and I ask each if he likes to be teased? They shake their heads.

The issue is not resolved but a compromise is reached. Something has to be done but it will not be to write 500 lines each. Jason asks us if we will give him a punishment tonight. We tell the class that we will need time in order to be fair to all concerned. It will be better "to sleep on it tonight". The children go home looking a little happier than when they had returned to the classroom after recess.

March 14

To-day the 500 line issue must be resolved. The children come into the classroom and go immediately to their assigned places and tasks. Twenty minutes later, George raises his hand and asks Mr. Helm and I if we have made a decision yet about the lines. I reply "It is in the making". About 15 minutes before noon dismissal, Mr. Helm requests the children put their pencils down and listen carefully. They do so, looking towards him expectantly. This is the moment, their faces say. I move over beside Liz's desk. Mr. Helm tells the children that he knows that they trust both of us and he hopes they trust the decision that has been made regarding the punishment they expect. He reminds them that "Your teachers work as a team and you are part of a team. It is expected that you will function as a team." As

Mr. Helm goes to the chalk board he states:

> Three of our class team are in trouble and have to write 500 lines (this is written on chalk board). Now this would take a long, long time to do, so we have decided that instead of 500 lines we would have the group write 50 lines (one zero erased from 500). Now there are 10 students in this room, so if each of you writes 5 lines we will have our fifty lines before it is time to go for lunch.

Liz turns to me and whispers, "That's kind of a favor, isn't it?". I nod. Without a word, the sentence "I must not tease others" is written on the board and all the children, even the six year old who abominates printing, does his five sentences. There is noticeable relief on their faces as they leave the room, one by one, to go for lunch.

Friday, April 18

The parents of one of the students in Mr. Helm's class come to the classroom to inquire about their son's progress. When they ask Mr. Helm for his opinion about the medication their son is taking, he responds that there has been significant improvement in his behavior since he was placed on medication.

Outdoor Education

June 2

Thirteen EDCU students left for "wilderness camp". The children who are left behind are talking about it among themselves. They think it is "neat" that their "buddies" will be building a sauna and exploring the Cadomin caves.

This Outdoor Education Program, begun in 1979 by some of the EDCU teachers, is an attempt to improve the students' socialization skills. At first the program only a small group of children belonging to the classes of those teachers who showed an interest in outdoor sports. Gradually it expanded to include students from other classrooms so numbers would make the program feasible.

Jim Briggs Hobby Award

May 29

Mr. Bohen, the Assistant Principal comes into the classroom this afternoon to distribute application forms for the Jim Briggs Hobby Award to any of the students who have a hobby, and are willing to describe in 150 words or less, their hobby and why it is important to them. The children all want to apply but very few of them want to write an essay. This separates the applicants very quickly.

The Students Return to Visit

May 16

Today is "Professional Development Day" for some of the Secondary Schools in the city. Some of the Glenrose graduates take advantage of this occasion to return to visit both their staff and their teachers. We are pleased when they return and ply them with questions about their successes and failures and especially about how well they

are adjusting in the regular classrooms. Noreen, one of the teachers, states that "feedback" from the students may "help us to better prepare other students to make an easy transition back into the community and the community schools." Douglas says that when he returned to the regular school, he was ashamed to mention that he had been here. When it was found out, he was given a hard time by a number of the students in the receiving school. However, he did say that he is in a position to advise other teenagers against engaging in delinquent or aggressive behavior. While some try to keep their stay here quiet, Shauna says that she is proud of the fact that she was here because she feels that she is a much better person for the experience. She said that academically she "really got on her feet" while she was here. Douglas does not advertize the fact that he was a patient here either, but neither does he make any attempts to conceal it. Again, like so many of the students, he feels that his stay here was beneficial for him. Another student found the therapy groups at the Nursing Station of great value. He said that he is not afraid now to speak up, whereas before he let others tell him what he should do.

Integration of Student in EDCU Class

October 17

Since there is to be a new admission to this class on Monday, Mr. Helm and I sit down to plan a new seating arrangement for the students. Mr. Helm remarks "While this

may seem ridiculously simple for 12 students, it is one of the more time consuming of the varied tasks associated with classroom management." I question him on this point, he said that in this situation it is important that each student be appropriately placed in relation to his peers. For example, one child may need to be placed where he cannot attract the attention of the other children. Another child may have to be positioned right beside the teacher's desk in order for the teacher to keep "invading his space" to keep him from "living in his own little world". Another child is best placed beside someone who can help him with his mathematics, or reading or spelling. In addition, Mr. Helm reminds me that eventually these students will have to acquire the skill of working in very close proximity to each other to test out their ability to work independently and cooperatively.

April 28

Today just before recess, Mr. Bohen, the new Assistant Principal, comes to the door to discuss the placement of a potential student. Some of the questions he asks are:

1. How many students do you have in your class?
2. How are these students fitting into the program?
3. Do you feel you or your students would be able to accept a new student?
4. Are you prepared to provide him with a special program?
5. Will he be able to mix with your present group?

The teachers usually take turns accepting a new student. Some teachers prefer to have their classes set-up according to age and grade level; others prefer to match child and teacher personality. It is noted in the Education Handbook (1974) that while "children are grouped roughly according to grade level" (p. 8) this will seldom result in a homogeneous grouping. Briggs (1974) expresses the view that if a teacher is prepared for more than the usual individual variation among his pupils, then it can be accepted more readily that the child will be placed where it is felt that he can function best regardless of grade level. If a teacher considers that his class is not the best placement for the child a transfer can be effected after consultation with the Assistant Principal, who may consult the Nursing Station involved.

A. Teachers Interact With Key Staff

April 22

Today the key staff of one of the older students in my class reminds me that there is to be a treatment plan review on this student this afternoon. "Are you going to come?" she asks. I am surprised. I had forgotten about this meeting and have not made arrangements for someone to take care of my class. I apologize to Karla and ask her to relay a message to the team "that Bill is a little bit behind what he feels comfortable with and that we could alleviate that situation by keeping him at the Glenrose."

April 30

This morning three EDCU teachers are to attend Ward Rounds. Although the "green forms" have been duly submitted, the teachers want to brief themselves about the students from their classes who are scheduled for today's conference. One of the teachers places a sign on the outside of the classroom door so that if she were detained at the meeting the children will know that they are to return to their respective wards. This procedure works with this particular class because all the children presently are from Station 301 and they are cared for at the Ward until the teacher is out of the meeting.

April 22

Today, after recess, as the teachers wait at their classroom doors for their students to arrive, Elizabeth, Kevin's "key staff", stops to chat about his ward program. She is very concerned lest it have a negative effect on his school progress. She says:

> "We are giving him a hard time on the ward because he is just dreadful to his mom and she is such a beautiful mother with really good mothering skills. I guess he can't be good both here and at home and in school. He has to break loose somewhere. But if you find that what we are doing affects his school work, do let us know because we do not want anything like that to happen. "You've worked so hard to get him to like school."

The teachers reassure her that they will keep a watchful eye on Kevin and get back to her if trouble appears.

December 4

Thursday is usually the quietest day in EDCU classrooms. The teachers joke about it being "the lull before the storm" because Fridays are usually stormy days for third floor children. Angela stops by this morning to relay a message that Mike's mother would like to talk to me. "Will you be able to see her when she comes to the Ward on Friday?"

December 5

Mike's parents came in just at dismissal time. They are moving out of the province soon and are concerned about his ability to cope in a regular school.

February 18

The children seem to be very restless and it is only 9:15. Nonetheless, they sit cross-legged against the corridor wall waiting for a signal to enter the classroom. The teacher explains to a new Key Staff this is not punishment. Rather it is a method to assist the children to make the transition from a time of play to a time of work. Despite their obvious difficulty in "quieting down", six of the twelve children go to their desks and began perusing their library books. Usually the choice between reading a library book or writing in their diaries is left to the individual child. Jason is very talkative and his teachers take turns keeping him on task and enthused about finishing his mathematics assignment. Despite his constant monologue

consisting of such remarks as "I don't know why I have to do this", "Why does anyone have to do math?", he continues to work as if his very life depends upon it.

Ward Staff Invite Participation

April 10

Marilyn, the Head Nurse from Station 301, asked us to write a "small blurb about schooling" for the new EDCU brochure for the parents and children. She was particularly anxious that this should include an extra sentence or two to show the parents that these children do receive special consideration to help them improve their grades.

October 27

At 9:15 the Ward Staff arrive with the children. Charleen, Russ's key staff reminds me that Russ will be back about 10:00 because he begins his Occupational Therapy program today. She adds that Bev had been defiant to her mom over the weekend and if she should cause any trouble I am to send her back to the Ward. Marjorie, a child care worker in Day Patients, came to the classroom door to inform us that Liz would not be at school today because "her cat was hit by a car over the weekend and she is in mourning".

Coping With Bereavement

October 28

Today Liz returned to school. Her time of mourning for her pet, however, is not yet over, judging by the expression on her face. Joseph Vollmer(1979) in an article called "The Passing of Muffin" in which he describes how the teachers in a certain school handled the demise of the classroom hamster, observes that "children learn how to deal with grief and disappointment through little tragedies such as Muffin's passing" and that their ability to cope with the little losses of childhood will largely determine how they will cope later with major losses.

November 5

When Liz arrives at the classroom it is obvious that the loss of Dagwood has been a traumatic experience for her. Her face is pale. She does not acknowledge Mr. Helm's presence, nor mine. She goes directly to her desk. My team teacher and I quietly remind each other of the recommendation made at the Hospital Orientation. People working with these children "must be empathic but not maudlin". I write my favored approach for this situation on a piece of paper and show it to Mr. Helm. He agrees. We will be "kind but firm". Liz's key staff relays a message from the psychiatrist to the effect that "acting-out" behavior must not be condoned. "That she can do when she returns to the Ward."

Mr. Helm and I follow the usual routines but are more selective about the tasks set for Liz. She may begin the

next unit in Spelling. (This is one of her favourite subjects.) She insists, nonetheless, that she is "far too sad to work today". Mr. Helm sympathizes with her, but insists that she either write or draw a picture about how she feels. She chooses to draw a gory picture of her cat being hit by a car. She proffers information that she named her cat, "Dagwood" because of his funny face. She chooses to remain sad for the remainder of the day. We do not intervene.

The other children are kind to Liz and make suggestions as to what would help them if they had lost a pet. The youngest child in the class whispered to me, "You know, if she draws cats she's only going to be sadder because she'll always think of her cat."

November 15

The grieving process must have been appropriate for Liz because today the "gory pictures" are being replaced by poetry. Liz enjoys writing poetry and Mr. Helm and I are pleased to observe her in the act of writing about her pet. She gives her poem the title of "My White Cat". This is how it goes:

Soft as silk, pretty and white.
Lovely as a white daisy.
My white cat.
Lovely as a rose, pretty as a lily.
Dagwood you are my only white cat.
You are beautiful.

November 21

Liz is extremely sad again today. She is still mourning the loss of her cat "Dagwood". We wait. Her behaviour does not change after she enters the classroom. In fact, it escalates. She seems to be trying to challenge us. "Just try and stop me". In the meanwhile, I go over to the Treatment Unit and interrupt a management conference. "In the light of Liz's recent bereavement should we tolerate her behavior?" I inquire. The psychiatrist raises his eyebrows then states "Liz must be made to understand that while it is alright for her to fall apart at the Ward, such behavior can not be tolerated in the classroom". He adds that if she continues to behave in this fashion, she must return to the ward. Liz's key staff requests that school work be sent along with her if she returns.

As it happens, the hasty planning was unnecessary. When I return, Darren, another student, is chatting quietly with Liz and she is calm. Mr. Helm sends me a wordless message. "All is well".

February 12

Giving up after failure seems to be characteristic of many of the children admitted to the Glenrose EDCU program. Grimes(1981) refers to this as "the learned-helplessness syndrome". Cullen (1979) in a literature review on "learned-helplessness" writes:

> Initial experiences of inability to cope with failure may generalize so that some children develop a learning set of "helplessness" which is associated

with passive and inefficient strategies in problem-solving situations. (p. 2).

This morning the Head Nurse confides to Mr. Helm the extreme difficulty she is experiencing in getting Geoffrey, one of the students, to inform his parents about his behavior. She says that Geoffrey's parents have no idea that he engages in off-task behaviors in school, keeps asking for help when he has already demonstrated that he knows how to do the task assigned, nor do they know how he misbehaves at the Ward. She expresses the hope that Mr. Helm will speak with this child and help him to recognize the fact that he has a responsibility to change his attitude and also to inform his parents. During the morning Mr. Helm approaches Geoffrey and shows him a graph depicting his "off task behaviors". He also shows him some of his test results over the period of time he has been in attendance at the Glenrose. The teacher assists the child in making a comparison of the graphs and the test marks. He finally elicits from him the comment that his marks are lower on the days when he is furthest off task. He pursues this aspect until the child freely admits that he does those things so that he won't have to do his school work. He asks him how his parents feel about his behavior at school. He admits that his parents do not know he "fools around". He requests the teacher help him to stay on task so he can bring up his marks. He requests to be moved away from another boy, to work in a study carrel and to do extra work during recess. The teacher reminds him all these things have been tried. He

reminds him also that he must refrain from seeking help when he is able to do an assignment. "You must learn to say to yourself such things as, 'What am I supposed to do?' and 'I can do it if I keep trying.'"

April 23

Today Mr. Helm reminds Geoffrey that report cards and parent interviews will be occuring within the week. He suggests that perhaps he had better enlist his parents in his "I can" program.

April 24

Geoffrey's parents telephone to offer any assistance they can provide help Geoffrey in this endeavor. As are the Key Staff and teacher, the parents are of the belief that this boy has learned that if he can delay a task, then he will not fail in it.

November 27

The Ward staff support the teachers and children in myriad number of ways. For example, today, Dorothy, the Head Nurse, comes into the classroom to admire Kevin's work. He is very proud of his accomplishments and wants his "staff" to see them.

February 15

In addition to giving support to "their" child, the key staff also give support to the child's teacher. For example, Margie from Nursing Station 302 comes to the classroom door

to pass on favorable comments she heard at Management conference. She says:

> Bill and Douglas have been kept on the Ward only because of their education program. It is so helpful to them that the psychiatrist does not want to jeopardize this. Neither do the other workers.

June 11

One of the students is to be discharged. His Key Staff comes to the classroom and informs the teacher, "You are the most significant person in his life. It is definitely the school that has helped him the most".

June 25

The psychiatrists likewise support the teachers in many ways but one way which recurs on a yearly basis is reassuring the teachers that they have not failed. Often the teachers seem convinced that the children get worse instead of better just before they are to be discharged. This discouragement is frequently shared with the psychiatrist. "That reaction sometimes referred to as a return of symptoms. It is merely the child's way of telling adults he has mixed feelings about leaving a place of security, and that he is anxious about his future."

The Roller Skating Rally

March 20

It is 8:45 and I am sitting at the long brown work table. My work materials and plans are spread out. The

corridor is bustling with activity. Teachers are going to their classrooms to prepare for the arrival of their students, maintenance workers are checking the flourescent lights in each classroom and the psychologists are taking the short cut back to their offices in the east wing of the hospital. Cory, the Physical Education instructor, appears in the doorway. I invite her to come in. She looks disturbed and I mentally do a retake of yesterday - have any of my students been sent back for misbehaving during gym class? She came right to the point. "Did you know that Douglas is not going to be allowed to go roller skating this afternoon?" I shook my head, then inquire "Why not? Didn't he pay his fee?" She replies that he has paid his fee alright - that is not the problem. She informs me he apparently has got himself in some kind of trouble at the ward and consequently had lost the privilege of going anywhere if money is required - even city bus fare. I advise her to check this out with the Assistant Principal.

When Margie arrives with my students from 302, she informs me of the cancellation of Douglas's outing. While I am talking with Margie, my team teacher sends the older students to their Industrial Arts Class and then takes the younger children down to the library.

Margie informs me that until a matter of missing belongings is cleared-up, a number of the boys including Douglas are being denied the privilege of using money. Since this outing involves the use of money for the transit, he

will not be allowed to go. If he were to walk, that would be alright. Distance, however, precludes walking. I tell Margie that the roller skating rally is part of the Physical Education Program and, while I can appreciate the fact that Douglas would not have been able to attend if this were scheduled after school hours, I could not accept this interference with his education program.

She replies, as his key staff, that she is concerned with his behavioral deficiencies and "he must earn privileges and responsibilities, even the privilege of walking to school unaccompanied". I respond that I too am concerned with his behaviors, but that my major task is to educate him and to provide him with the skills he may require to effect a change in his behavior himself. We acknowledge that we have different priorities but knowing which priorities are best for Douglas at this time is difficult.

Margie, basing her decision on her prerogative as "surrogate parent" makes the final decision. "Unless the class goes to the rally on the Hospital bus, Douglas does not go." The Hospital bus provides the transportation. No money was needed. Douglas goes.

March 20

When I am in the School Office at recess (2:15), the new principal approaches me about the incident involving Douglas. He tells me that Cory has informed him and the Assistant Principal about the issue with the Ward. He

proceeds to point out the Ward's side of the picture. He mentions the fact that the Ward Staff takestook the place of a parent while the youngster is in the Glenrose and that we must respect this. In conclusion, he mentions that while we may not always feel that the Ward's decision or punishment levied upon a child is just or wise, we must try to support a decision which they have made. "That is what multidisciplinary team work is all about", he states.

Time Out and Quiet Room

October 20

This morning the Music teacher left a memo in the mail box reminding Mr. Helm that Richard is still not allowed to attend her class. He has been disruptive and the child's teacher, music teacher and child care worker had agreed that he should be "timed out". According to Johnston(1972) time out refers "to the contingent withdrawal of those reinforcing stimuli thought to be maintaining the behavior of interest" (p. 33). Time out in its true sense is a questionable practice. According to David L. Gast and C. Michael Nelson(1977) "few judicial proceedings have directly addressed the use of time out from positive reinforcement as a viable and socially acceptable means for suppressing inappropriate behaviors in the classroom" (p. 462). Furthermore, if time out is to be effective, it requires that the child be deprived of the opportunity to earn reinforcement. Therefore, the teacher must consider the

following points:

1. Remove all reinforcers for all responses.
2. Avoid time out from aversive situations.
3. Apply every time.
4. Keep time out period relatively short. Three minutes is as effective as 30.
5. Time out works only if the child is happier to be in the classroom with you than to be isolated.

The teacher must also be aware of the major disadvantages of time out. These are as follows:

1. Child may adapt to the time out situation.
2. Child may acquire new means for receiving reinforcement.
3. Interference with the acquisition of learning.
4. It is a non-constructive contingency because the procedure aims only at eliminating behaviors and education is devoted to building of behavioral repertoires (Sulzer and Mayer, 1972).

As Gast and Nelson(1977) observe: "Although indisputably effective, time out is potentially a highly aversive procedure if used improperly" (p. 461) and "recent litigations...has resulted in strict controls, severe limitations, or abolishment of the use of time out in some institutions (p. 461).

The teachers, however, frequently use this term when simply removing a child from a situation in which he may be experiencing difficulty in coping. Emotional problems may disappear when a child's environment is changed. Such change

may be as minor as giving him a different book, giving directions in a different way, or changing the order of part of the day.

November 11

Today Ben, on a prearranged signal from his teacher steps outside the classroom door. The teacher informs me that this method "works with some children and especially with Ben." Unfortunately, the term "time out" is frequently considered as being punitive in nature. One of the teachers acknowledges that when she has a child returned to the Ward for "time out", she assumes that he is placed in the Quiet Room simply because its proximity to the Nursing Station would facilitate supervision.

February 8

During our weekly meetings with the Head Nurses from each division of EDCU, concern is expressed as to the frequent use being made of this room by the teachers. As a result the teachers are informed that the Ward Staff will determine the punishment to be meted out to a child if he is returned to the Ward because of inappropriate behavior in the classroom. They are very much opposed to the use of the Quiet Room for any but the most extreme cases.

February 18

Time out is also viewed as being therapeutic. When the five year old in one of the classes is again sent back from music, his teacher takes steps to obtain for him

"non-punitive time out from Music". The teacher expresses the view that this five year old is emotionally unready for the structures required in a music class. She state that if she forces him to attend, this may simply reinforce his undesirable behavior and cause him to acquire a dislike for music. She speaks to one of the teachers about the advantages and disadvantages of keeping him back, either on the Ward or in the classroom. This teacher comments that children must learn to value education and liking school is one of the keys to acquiring this value. Another teacher states "School is where he will have to be until he is at least 16. He'd better like it". These remarks encourage the teacher to approach both the child's key staff and the Head Nurse in the Unit to present to them her proposal as to how music could be made special for Kevin. Together, a plan is formulated whereby this child is retained in the treatment unit during this particular class. To emphasize that this retention is not a punishment, he is permitted to read his library book and play with his "quiet time bag" which contains games and small toys. In the meanwhile, both the teacher and his key staff encourage any activity which may result in his acquiring a liking for music. This plan remains in operation for a period of four months, at which time the child himself requests that he be allowed to go to music again.

May 26

The concept of "let's make school special" is catching-on in the Adolescent Ward. It came about with the arrival of a "school phobic teenager" who is constantly trying to escape from the classroom. He throws small objects such as chalk and erasers at his teacher. He says he hopes that he may be suspended or expelled. His teacher, after consultation with her colleagues, decides to use a form of time out. She discusses her plans for this adolescent with his key staff stressing the fact that if attendance at school is on a privilege basis, Everett might overcome his phobia. With the approval of the key staff, Everett comes to school for short periods of time throughout the day. Rules governing his stay in the classroom are written on his individual timetable. For example, he may remain only if his behavior is appropriate to a classroom situation. He is expected to do a specific amount of academic work during each session and he is to remain at his desk during the time he is in the classroom. Before his discharge he is able to spend the greater part of the school day in the classroom.

Writing Lines

February 24

Frequently the writing of lines is used by the child to gain control of a situation. For example, this afternoon Leo came into class waving a sheet in his hand. He announces in a loud tone that "Staff said he had to do these lines". When

his teacher informes him that his staff never intended that the writing of lines be done during school hours, he screams and throws his books on the floor.

March 13

Two children who had been writing an essay during recess came into the class chanting "school work must be bad because we have to do it when we are being bad".

March 6

The concept that writing lines will not hurt the child is debateable. While some people place great confidence in its effect on a child's behavior, others are of the opinion that the results may be more undesirable than the original behaviors that prompted the adults to give writing lines as a punishment. A few of the teachers cite the following reasons why they object to the children writing lines:

1. The writing of lines can be detrimental to the acquisition of good handwriting skills.
2. Using the writing of lines in a punitive manner may adversely affect both the skill of writing and the desire to write creatively.

June 19

Len, a perpetual "non-listener" according to his teacher, is not listening again today. He keeps reading his library book although his teacher has assigned him a different task. The teacher reprimands Len. The reprimand results in Len screaming and crying. The teacher telephones the Nursing Station and requests permission from Len's key

staff to return him to the Ward until he calms down.

His special staff comes to the classroom to accompany Len back to his room. When the key staff returns Len to the classroom later, the teacher inquires what method he used to calm Len so quickly. The key staff replies that he sits beside Len at his window desk and asks him questions such as: "Why are you being punished? How do you feel? Where did the incident happen?" and "What can you do about your anger?". Len writes one word answers for each question. By the time he works through this task, he is ready to return to school.

Len's teacher, in discussion with another teacher remarks that this form of writing is therapeutic because the child receives individual attention which he obviously needs, and also the act of writing about his feelings serves as an outlet for his frustrations. One of the "key staff" remarks to the teacher that if the child has to write lines or an essay(as a punishment) for homework, the parents are going to become involved. The teacher expresses the view that writing "I must not steal, lie or cheat" 20, 40 or even 50 times will probably not effect a cure but it will certainly turn the child against an exercise in creative writing. Another teacher states that if the student is to write lines, then, the model should be correctly executed and the writing be closely monitored. He believes that 12 lines flawlessly written are preferable to 150 scribbled lines. Research concurs with this view. Mildred H. Wood

(1979) offers the following advice guaranteed to destroy good handwriting:

1. While writing allow the student to sit in any position.
2. If a child has very poor eye-hand coordination make him write same quantity as child whose eye-hand coordination is well-developed.
3. If handwriting is not legible after writing 4 or 5 words or sentences, have him write twenty words or sentences or even a hundred. Operate from the theory that a tired hand works better than a rested one.

Homework

Like many parents, anxious that their child experience academic success, the key staff encourage any activity that will promote this success. Homework is one of these activities. Homework, its assignment, completion, and assessment, forms a complex matrix from which positive or negative results can emanate(Check and Ziebell, 1980, p.zz). The popularity of homework waxes and wanes depending upon the key staff and the teachers.

December 9

The head nurse from Nursing Station 302 informs the teachers this morning, that the evening staff do not want to supervise homework every evening. They feel that they have little enough time to socialize with the children. As J. Lee and W. Pruitt(1979) state: "Research on the benefits of homework does not unequivocally support the notion that more homework necessarily means improved achievement" (p.31).

There are major problems dealing with homework if seen from the teacher's point of view. Foremost, uncompleted and unsubmitted assignments must be dealt with. This provides the child with a marvellous tool whereby he can keep both teacher and staff in a continuous quandary. Homework may foster cheating, meaning that if homework is given, the key staff and teacher must be vigilant so that "cheating" is not allowed to flourish.

February 21

John, the Key Staff for two students in my class comes into the room to discuss a problem arising out of last evening's homework for Reggie and Don. He is concerned because "they seem to have copied each other's paragraph". I request time to analyze the two stories before taking any action.

John returns at recess and we examine the books. We conclude the children shared the same interest and probably discussed it but the phraseology and the order as well as the spelling indicates independent effort on the part of the children once the discussion had ceased.

March 18

Mr. Helm objects to giving homework on the grounds that "Students profit little from practicing incorrectly". Also, the traditional time-consuming task of checking and grading each assignment is of questionable value. Finally, homework not done provides grounds for conflict. John F. Check and

Donald G. Ziebell in "Homework: A Dirty Word" (1980) suggest that "very likely, the most serious offense perpetrated by a teacher is to use homework as a punishing or disciplinary device" (p.440). They suggest that the concern of the staff about homework is also related to their role as substitute parent. Just as "parents enter into the realm of homework because they are genuinely interested in their child's progress and feel that the assignment is going to complement their off-spring's learning" (p.439) so do the key staff. Check and Ziebell likewise state "there may be resistance to these assignments if these exercises interfere with the normal activities that are planned for the family unit" (p. 439).

Preparing for a New Student

Shortly after arriving at school I contact the Nursing Station to confirm that the new boy admitted at the Friday Assessment/Admission Conference will be coming to my classroom. I lift the receiver of the wall telephone and request to be connected with Nursing Station 301. The Head Nurse answers. She tells me that the Staff and children are not back from swimming so we agree on a school arrival time of 9:45 for Darryl. This will give me time to prepare the other children for his arrival. Often these youngsters become very upset when a new student is admitted and will frequently revert to behaviors exhibited upon their own admission. If the teacher knows in advance that a new child

is to be admitted, he may casually inform them. The children's reaction to this bit of information enables the teacher to plan for appropriate integration strategies. While this planning takes both time and energy, the effort is well worth it. Alfred P. French and Louisa Cook(1976), in an article entitled "The Pecking Order in the Classroom: Research Implications", speculate that "a classroom of children with learning and behavioral disorders will spend far more energy integrating a new member than will the average classroom" (p. 135). They base this statement on the fact that in such classrooms the teacher must compensate for the children's social deficits. By actively facilitating the absorption of a new youngster into the group, the temporary disorder which may occur during the process of integration can be minimized. The placement of a child with a specific class and teacher is, perhaps, one of the most important duties of the Assistant Principal in his role as Program Coordinator for EDCU. Mary Louise Aho(1979) points out in her article "Laughing With Children" that angry or hungry children cannot laugh easily, especially if their relationship with the teacher and class is not one of acceptance. Thus, appropriate placement of a child is imperative.

XI. CHAPTER 5

This chapter sets out the observations of the study and provides recommendations regarding further research and recommendations for the improvement of the organizational effectiveness of the unit.

A. Observations and Recommendations: Within Education Unit

Teacher as Therapist

Teachers in the unit for emotionally disturbed children at the Glenrose School Hospital engaged in considerable therapeutic teaching. In such an approach the teacher demonstrates the basic characteristics of a therapist. The teachers were positive, accepting and empathic. They identified the problems and in this identification process and made the solution of problems more concrete and manageable. This process, together with assistance in coping with the problems, seemed to imply respect for the student.

Teachers tended to refrain from delving into the deeper psychological reasons for a student's behavior. The off-task student, or the student who was fearful of beginning an assignment, was often redirected to the task and reassured that it was within his capabilities. It was observed that teachers assisted each student in the class endeavouring to change the student's attitude toward school. Much care was taken to make school a special place and a young student who was unprepared to cope with the structures of a special

class tended to be exempted from attendance until he again expressed willingness to participate.

The programs organized by the teachers stressed therapeutic teaching as an essential component of their teaching style and approach. This was exemplified by the Three Phased Program, the Family Unit within the classroom and the Natural Healing Techniques. It seems to me that the many instances of humour exhibited by the students, and the acceptance of this humour by their teachers, reinforced the concept that therapeutic teaching has a valued place in the EDCU teaching program. As noted in the definitions of milieu therapy and therapeutic milieu, small and large groups seem necessary if therapy is to be effective. It was also observed that group work was an important feature of the classroom organization. Instructional groups varied in size with small groups consisting only of teacher with a student, while other larger groups consisted of teacher and four or five students.

It was found that therapeutic teaching was indirectly present in the various opportunities made use of by the teachers to promote acceptance for EDCU students. These methods included special occasions and special awards. One effect of this has been the enhancement of self concept through participation in activities that directly affected them. Contents of their individual report cards were divulged to students before they were sent home. This was a communication of trust between the teachers and their

students. It seems to me that therapeutic teaching being such an important function of the teachers of emotionally disturbed children that the practice of therapeutic teaching be continued and that EDCU Outdoor Education programs, Appreciation Day and Awards Day is highly recommended.

Teacher as Researcher

Teachers in this setting actively participated in research within the teaching unit. This had beneficial effects for both the students and the staff. Of particular benefit were the mini-studies on labelling and the clarification of specialized forms used in the description of students by members of the multidisciplinary team. The awareness of teachers became heightened to the deleterious effects of genotypic language. Comments about information obtained at multidisciplinary meetings bore this out. Many of the teachers seemed to prefer less information about prior behaviors of their students which had no relevance for instruction.

It was also found that the research studies affected the teachers' acceptance of the formal educational assessment of emotionally disturbed children by the Education Assessment team. Concern about the validity of such an assessment was expressed during divisional meetings when the research findings were discussed. One significant effect of the research was the inclusion of the educational assessment team as resource persons in the unit studies.

Thus, since the education assessment reports were found to be of limited value to the teachers, it seems necessary that such reports be supplemented by personal interviews with the assessors.

Individualized Educational Programs

It seemed to me that the individualized education prescriptions modelled on that of Peter(1965) were a constant source of concern to some teachers in that preparation of these programs were deemed time consuming. Many of these teachers interpreted the educational prescriptions as instructional tools requiring extensive details. It seemed that the repetition built into the format of the programs contributed to this misperception. Since the individualized educational prescriptions were intended as a management tool rather than an instructional one it should contain less information. There was also the need to revise individualized educational prescriptions in terms of more recent findings in the research literature.

Education Research Promoted by Multidisciplinary Approach

The mini-research studies by the teachers also had a beneficial effect on the multidisciplinary approach used by the unit. Frequent reminders from the principal and assistant principal made the teachers aware of various sources of information available to them in their preparation of individualized educational prescriptions for

each student. These sources of information were then investigated. The results of these investigations formed the bulk of the mini-research studies conducted within the teaching unit and resulted in more useful interaction and team work. This effect was demonstrated by an increase in the number of informal meetings of the teachers which focused on the academic concerns. An indirect benefit is that individual teachers shared teaching strategies and management techniques during divisional meetings. Although the Three Phased Program illustrated that teamwork existed prior to the introduction of the research study, it was of limited duration and involved only three of the eight teachers.

Autonomy of the Teacher

It was observed that the education administrators respected the professional status of the teachers. Teachers unfamiliar to the system were encouraged to seek assistance from their colleagues. This was noted in the instance where the principal of the School Hospital personally introduced a teacher new on staff to the EDCU teaching division. Also the assistant principal did not mandate that the teachers consult him regarding preparation of individualized education prescriptions for their students. To meet with him was left to the discretion of the individual. Other examples that illustrated the autonomy of the teacher were the placement of students both within the unit classes and in

the regular education system. Teachers were free to refuse to accept a child if they considered that their class was not the best placement for the child. This practice seemed quite beneficial because it generated an atmosphere of acceptance and trust.

B. Observations and Recommendations: Between Teaching Unit and Other Units

Although unplanned, the conduct of my investigation had some effects on the EDCU. It was observed that interaction and teamwork between the teaching unit and other units in the hospital increased during the course of the research study. Initially it was noted that an investigation of information available to the teachers from other disciplines brought about interaction with a professional from another department (Psychology). There was greater demand on the psychologist to interpret reports and include a section on the educational implications of his findings. Further there was an inservice on the meaning of various tests administered prior to entry at the Glenrose program. The "mini-studies" eventually included such members of the multidisciplinary treatment team who were invited to comment and clarify the Glossary of Terms prepared by the EDCU research team. Directors of departments were invited to comment on an article on labelling children. Interaction between the teaching unit and other units gradually expanded to include active participation by teachers in hospital-wide

Professional Development Days. Prior to the research period, teachers attended Hospital Orientation Day but did not participate. Professional Development days were exclusive to the Education Department and promoted interaction between the education unit and others involved in the treatment program for emotionally disturbed children at the Glenrose. It is recommended that research within the education department continue as a high priority.

Educational Goals: Between Education and Other Units

It was observed that members of the treatment team seemed sensitive to the goals of education. Several examples that illustrated this growing awareness on the part of the treatment team were the decrease in the number of suspensions from the program, the retention of a student at the Nursing Station, and the discharge of students at a natural school break. These examples all indicated that the treatment team were made more aware of the fact that if the student is suspended from the program, his teacher became unable to meet the instructional objectives prescribed. For example, the objective of a teacher to change a student's attitude toward school by making attendance a privilege, is achieved when the student is retained at the Nursing Station for a brief period. Similarly the education objective to facilitate mainstreaming of a student is furthered when a student is discharged from the program at such times as December and June, when student placement is better

facilitated. From the student's perspective this procedure is also desirable because he can be absorbed into the system without having to explain where he had been over the past four or six months. On the basis of the above I would recommend that a goals awareness program be an integral part of professional development programs within the hospital complex. To promote dissemination of goal-related information it is recommended that the Educational Handbook, and the EDCU Operation's Manual be revised to include the major goals and major objectives of the hospital and the education unit and that this revised handbook and manual contain definitions of the terms specific to their approach whereby services are delivered to children admitted to the hospital. Special terms such as multidisciplinary approach, milieu therapy, a therapeutic milieu and an individual education prescription be operationally defined for clarification.

Summary and Conclusion

The author hypothesized that the multidisciplinary setting, utilizing a multidisciplinary approach whereby each discipline shares its expertise in the delivery of service to children admitted to the unit for emotionally disturbed children at the Glenrose School Hospital, would affect the work that teachers do. This hypothesis was supported by the data. The author observed that the work of the teachers included: a) Educative Therapy, b) Research, c) Interactive

role with members of other professions. The student population, the multidisciplinary processes and the informal interactions between teachers and key staff facilitated the therapeutic role. The teachers in this setting played a pronounced interactive role both within the teaching department and also between the teaching unit and the treatment unit of the hospital. In addition, the research engaged in by the teaching staff in the EDCU promoted interaction among the teaching staff, and advanced team work between teachers and professionals in other disciplines involved in the treatment program. Therefore, the research had positive effects on promoting interaction among the teachers themselves and indirectly led to more interaction between the teaching unit and the entire hospital complex.

Generally the Glenrose School Hospital model with its multidisciplinary approach seems to be functioning effectively. There is a need for similar research studies to investigate specific aspects of the model and to improve practice.

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LEVEL SYSTEM - E.D.C.U. DAY PATIENT PROGRAM

APPENDIX A

SENIORS

LEVEL IV

- attend all group meetings
- may structure your own free time

LEVEL III

- attend all group meetings
- may leave the hospital premises to go shopping, cafe, etc. Sign out and be back on time.
- may take a level II member for whom you are responsible.
- must attend two scheduled activities per week.

ASSESSMENT LEVEL

- each student entering the day program begins at this level for one week
- attends all scheduled activities and groups
- meets with your therapist daily
- may leave the ward with a level III or IV member at the discretion of your therapist.

LEVEL II

- attend all group meetings and activities
- may leave the ward to designated area (playground, canteen, gym, cafeteria) provided you ask permission
- may leave the hospital premises in the company of a level III member with staff permission

LEVEL I

- attend all scheduled groups and activities
- be accompanied by staff member to areas off the unit and school area

LEVEL 0

- lose all privileges and are confined to green room during free time
- attend all groups

APPENDIX B

GLENROSE SCHOOL HOSPITAL FALL FOLLOW-UP

NAME OF STUDENT _____ SCHOOL _____

SCHOOL ADDRESS _____

1. Type of class in which placed (e.g., Regular (state grade), Adaptation, Opportunity, Learning Disabilities, etc.):

   _____

2. General academic functioning in class in which placed. Circle one:

   Excellent Very Good Good Fair Poor

3. Peer relationships (how generally gets along with classmates). Circle one:

   Excellent Very Good Good Fair Poor

4. Relationships with authority figures (how generally gets along with teachers and other adult authority figures in school). Circle one:

   Excellent Very Good Good Fair Poor

5. If the child presents any major problem(s) to the school, state briefly:

   _____

   _____

6. What would you consider to be this child's major strength(s) or most positive skill or characteristic?

   _____

   _____

7. Has follow-up contact been arranged with Glenrose?

   Yes _____ No _____

   If "yes", was contact initiated by school ___ Glenrose ___? (Check one)

8. Do you require further follow-up? Yes _____ No _____

   If "Yes", please specify what is required _____

   _____

9. Please feel free to state below any additional comments you wish to make. _____

   _____

NAME AND POSITION OF PERSON COMPLETING FORM _____

APPENDIX C

TEACHER'S REPORT ON EDUCATIONAL PROGRESS
(please complete and return immediately)

TO: _____ DATE _____

RE: _____

An educational report is required on this student for the following reason: _____

_____

A. Best estimate of grade level in each subject (in case of High School subjects name the courses taken). After each subject estimate present progress (e.g. poor, fair, average, above average, outstanding).

_____

_____

_____

_____

_____

B. Reactions of student in classroom (enjoys work? responds well? cooperates? resists? etc. _____

_____

C. Relations with other students (does student fit in with group, make friends with classmates, etc.?) _____

_____

_____

D. General remarks if any. Mention any special problems.

_____

_____

_____

_____
(Signature of Teacher)

APPENDIX D

EDUCATIONAL DISCHARGE REPORT - GLENROSE SCHOOL HOSPITAL

1. NAME _____ M __ F __ BIRTHDATE _____ da/mo/yr

2. DATE OF DISCHARGE _____ da/mo/yr GENERAL GRADE LEVEL UPON DISCHARGE _____

3. BEST ESTIMATE OF GRADE LEVEL IN EACH SUBJECT AREA AT TIME OF DISCHARGE:

	SUBJECT	GRADE	STANDING	COMMENTS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

4. MEDICAL/PHYSICAL/EMOTIONAL PROBLEMS REQUIRING SPECIAL ATTENTION: _____

_____

5. REACTIONS IN CLASS (ENJOYS WORK? RESPONDS WELL? COOPERATES? UNCOOPERATIVE? SULLEN? NEGATIVISTIC? etc.): _____

_____

6. RELATIONSHIPS WITH TEACHERS AND STUDENTS ("FITS IN", FRIENDLY, ISOLATED, DOESN'T GET ALONG, ETC.): _____

_____

7. SPECIAL EQUIPMENT, MATERIALS AND BUILDING MODIFICATIONS REQUIRED: _____

8. RECOMMENDATIONS FOR PLACEMENT (GRADE, PROGRAM, SCHOOL):

_____

_____ _____

Signature of Classroom Teacher Signature of Dept. Director

☐ Additional comments on back if "X" typed in box.

APPENDIX E

GLENROSE SCHOOL HOSPITAL

SCHOOL VISIT REPORT DATE: _____

Student's Name _____ Birthdate: _____

Grade Placement: _____ Resource Room Help Offered ( )

School Visited: _____ Principal _____

Phone Number: _____ Address: _____

Date of Visit: _____ Reason for Visit: _____

_____

Present at Visit: _____

_____

Brief Outline of Interview:

Follow-up Required? _____ Date: _____

Additional Information Requested by School: _____

Signed: _____
Teacher Preparing Report